The Hospital and the Community

By Dr. HAVEN EMERSON, Columbia U niversity, New York.

Let us accept the definition of the function of preventive medicine given by Sir George Newman, namely, "To build a better tabernacle for the soul of man to inhabit."

Our efforts now, as in the past, must consist in large measure in the better adjustment of mankind to his environment, both his physical surroundings and his biological associations with his fellows and the lower forms of parasitic organism.

We have passed in recent times from an era of asceticism when all material things comforting or useful to man were considered unworthy of the higher life, and but recently we have enjoyed a period of scientific command over matter which has brought us to our present state of a partial slavery to the conveniences provided by mechanics and the use of power. In each of these eras the prevalence of sickness has expressed the degree of failure in our adaptation of ourselves to the environment of our time.

Since the earliest record of social existence there have been institutions to which the sick have gone for relief, attracted by faith, reputation, or experience.

Not until quite recent times has the hospital been accepted as a symbol of the community's aspirations for well-being and for the expression of a Christian spirit among men, and as a means of applying the knowledge of science to the prevention and relief of human suffering. In this capacity the hospital has now taken its place alongside the church, the school, the library, the courthouse, and the town hall.

The hospital's special claim to distinction as a common representative of the people of any neighbourhood is based upon its necessity as an instrument of science, serving each family at the beginning and end of life and at the moment life may be threatened on any occasion between birth and death. In speaking of the hospital I refer not only to the general hospitals but to those hospitals for mental disease which contain a larger number of sick persons throughout our continent than all other hospitals combined. This is our penalty for not protecting and adjusting our fellows in the midst of the stresses, and complexities, and temptations of their social environment, and to the misfortunes of their inheritance. When we speak of the hospital we usually include necessarily the six great services for the care of the sick in the community: the hospital proper; its out-patient department; the visiting nurses in the homes; the social service interpreting the home to the hospital, and vice versa, helping the home understand the hospital; the convalescent homes; and lastly the institutions for the care of the chronics and incurables. We have unfortunately but a rudimentary sense of social planning and organization so that what science and society are capable of providing for the families is rarely

(Read before the annual meeting of the Registered Nurses Association of Ontario, April, 1928.)

achieved either adequately or symmetrically.

Remember that the hospital community is quite different from the political community, the commercial community, the industrial community, all of which may be included within the area of the hospital, or sickness, service of a community. For leadership in the community there is needed a hospital council to serve as a clearing house to study the needs and facilities of the community, to bring to local problems distinct experience and to provide constructive publicity for future plans.

The four functions of the hospital proper are, of course, medical, for the care of the sick; teaching, i.e., training of personnel; social, i.e., education of the community in public health and personal hygiene; and research to study the problems of preventive and curative medicine.

Many a community has superfluous and unused hospital facilities even up to 40 per cent. of its bed capacity. Only by studying the needs and adjusting the services to them can hospital trustees serve their best purpose. There are problems of laboratory service to be considered, often in co-operation with the laboratory needs of the health department in the community. Also the question of seasonal variations in the hospital needs, the adequacy of ambulance, out-patient, convalescent, and social service to be developed parallel with the diagnosis and treatment of the medical and surgical patients. The hospital contributor is entitled to information as to the use of public funds subscribed or received through taxes, as to the adequacy of service, and the ways in which these must be met by the community.

The following six items should be included in every hospital report:

Hospital purpose and sphere of service (history of development).

How organized and equipped for purpose and what is lacking.

How financed and what money is spent for what it owns and owes, and what it needs to carry out programme.

Number and other facts about patients.

Information about rules and how the citizen can help.

Acknowledgment of service given to the hospital by professional and lay groups or persons.

The present problem is that of spreading the cost of care of the sick in hospital over the community by endowment or insurance for hospital care, instead of allowing the whole burden of the care of the sick to fall upon the sick themselves.

An excellent discussion of the functions of the hospital in relation to the community will be found in the prize essay on the "Hospital and the Community" in *The Nation's Health* of November, 1924, written by Mr. Edward A. Fitzpatrick.

"The hospital has many and varied social ramifications. It is par excellence a social institution, one of the great works of mercy. Sisters and deaconesses dedicate their lives to its great purpose. Lay people with something of the spirit of religion everywhere find in it their greatest opportunity to serve their fellows.

"It is taking on a new atmosphere and a new purpose, losing its augural connection with workhouse and jail, and its limitation to the indigent poor, and becoming one institution serving all people in their hour of need. The main question is always 'What service can be rendered?' not 'How much can you pay?'

(What service is needed for the good of all, not what the individual at the moment is able to pay for.)

"Baptised in this new social spirit and confirmed by the social beneficence of its ministrations, the modern hospital is just undertaking social service of a constructive and reconstructive character that only a few years ago would have been called a dream.

"But yet we trust that the conception here presented will help the day

when there shall be a new earth—if not a new heaven."

The hospital is a central power, collecting and distributing station for the influences of the medical sciences as they bear upon the cause, prevention and treatment of sickness.

It parallels and may even be one with that other indispensable instrument of today's social order, the health centre.

The material symbols of the hospital and health centre in a community will become cold and of low regard unless there burns the spirit of youth perpetually within their walls.

For those who have forgotten what their youth meant to them, and still should mean, whatever their age, or with whom they come in contact, allow me to quote here an anonymous definition of youth which I wish to leave with you as my parting message.

"Youth is not a time of life—it is a state of mind. It is not a matter of ripe cheeks, red lips and supple knees; it is a temper of the will, a quality of the imagination, a vigour of the emotions; it is a freshness of the deep springs of life.

"Youth means a temperamental predominance of courage over timidity, of the appetite of adventure over love of ease. This often exists in a man of fifty more than in a boy of twenty. Nobody grows old by merely living a number of years; people grow old only by deserting their ideals.

"Years wrinkle the skin, but to give up enthusiasm wrinkles the soul.

"Worry, doubt, self-distrust, fear and despair—these are the long, long years that bow the head and turn the growing spirit back to dust.

"Whether seventy or sixteen, there is in every being's heart the love of wonder, the sweet amazement of the stars and the star-like things and thoughts, the undaunted challenge of events, the unfailing child-like appetite for what next, and the joy and the game of life.

"You are as young as your faith, as old as your doubt; as young as your self-confidence, as old as your fear; as young as your hope, as old as your despair.

"In the central place of your heart there is a wireless station; so long as it receives messages of beauty, hope, cheer, grandeur, courage and power from the earth, from men and from the Infinite, so long you are young. When the wires are all down and all the central place of your heart is covered with the snows of pessimism and the ice of cynicism, then you are grown old indeed and may God have mercy on your soul."

We have just received a copy of the June number of *The Trained Nurse and Hospital Review*. This issue is in the nature of a jubilee number "to record forty years of service," and is largely devoted to articles dealing with the growth and expansion of the nursing profession during that time. Practically every branch and phase of nursing in the United States is discussed by an outstanding member of the profession. A symposium on the contribution of the various religious groups is included and present-day problems and possibilities are authoritatively dealt with. The magazine is well illustrated and the pictures of past and present leaders in the nursing profession will prove to be of particular interest. The publishers are to be congratulated on the production of this very interesting and comprehensive resumé.

Editorial

Canadian Nurses Association

Twenty years ago this summer the nurses of Canada, under the leadership of Miss Mary Agnes Snively, were making arrangements for the organization meeting of a national nurses' association. Spurred by the desire to become members of the International Council of Nurses, a privilege only accorded to nationally organized associations of nurses, Canadian nurses determined to put into concrete form the hope that had long existed in the minds of many of them: a Dominion wide association, formed by the federation of the then existing organizations of nurses. On October 8th, 1908, the Canadian Nurses Association was born. Those words, so easily written, after twenty years of advancement and expansion mean so much when we recall all that was so freely given by nurses in those earlier days for the benefit of those following after them. It is a great joy to all Canadian nurses that Miss Snively still retains her great interest in all that is taking place. Also that those who have joined the ranks later have the great privilege of association with some who were charter members of the Association and are still active.

From month to month *The Canadian Nurse* is this year publishing an account of the inception and development of the provincial associations. As each appears we read that an outstanding achievement has been the passing of an act for the Registration of Nurses. These accounts pay tribute to the nurses who often against the greatest difficulties succeeded in accomplishing for nurses what at times appeared to be the impossible. The memory of the founders of the Canadian Nurses Association and the members whose efforts resulted in registration will always be remembered by present day nurses.

The past twenty years have seen many advances made as medical science and public opinion have demanded more and more from the professional nurse. The next twenty years may be regarded as ready to make still greater demands. Canada has taken her rightful place in the British Commonwealth of Nations. On every side we see almost amazing strides being made in the development of our country's natural resources: resources of such variety and abundance that more and more people will be attracted to the unsettled land as well as to the cities and towns. To nurses more than to any other group of professional women is given the opportunity to show by character and ability the many advantages available to these new comers. Are we ready to assist them? This is the great challenge that is to be met by nurses during the next decade or two. How will it be answered?

Posture

By JANET B. WOLFE, Muscle Trainer, Dalhousie Public Health Clinic, Halifax, N.S.

It is much easier to talk than write about posture, as this is a subject more forcibly impressed on one's audience by a demonstration with an individual. However, as the written word will convey a message to the largest number of persons, it is generally supposed to have the most far-reaching effect. If the readers will try to visualize, or better still, actually take the different postures while sitting and standing before a mirror, I feel sure that henceforth good posture will have a clearer meaning for them. And, understanding yourself, please do your utmost to pass that knowledge to those around you. Not by the endeavour of the few, but by the co-operation of the many, will our girls and boys, men and women, be trained to stand and walk with that poise which rightly belongs to the people of a land such as ours.

In posture clinics and those schools that put considerable emphasis on posture training, the individual is put into one of four grades of body carriage—excellent, or A; good, or B; poor, or C; bad, or D. Of course there will be found many who are rather between two grades, and these will be placed in the class which they most resemble.

It is most difficult at times to know just where to begin the corrective work, especially if the posture is of grade C or D, and the child young and often not very bright mentally. But, as practically every one uses the feet incorrectly, I have adopted the plan of starting at the feet and working up. Notice the people on the street or in a room, and the one who has the feet parallel is so rare as to be almost conspicuous. Some one has said that the feet should go "not in, like the duck's; not out, like the cormorant's; but straight, like the Indian's." Here is at least one thing that the Indians, in their so-called uncivilized life, did better than we do with all our boasted education—they used their feet correctly. Parallel walking with the weight consequently carried evenly on the soles of the feet, will of itself be a considerable aid in correcting the other faults in the posture of an individual. The mere act of putting the feet in correct position causes one to retain a balanced position by straightening the spine from its relaxed and stooped position. Training in the correct use of the feet, coupled with training in the selection of proper footwear would do much to alleviate the all too numerous sufferers from foot trouble.

The feet having been placed correctly, the next part to be considered is the relaxed and protuberant abdomen. For this condition, the exercises should first be taken while lying on a table. Relax the whole body and then contract the abdominal muscles. There will be at first a tendency to elevate the chest, but continued practice will bring about the required control of the muscles. When this control is gained, the next step is to try the same exercise while standing; this is somewhat harder, but a persistent effort will bring about results.

When correcting the position of the chest, there is frequently a tendency for over-correction, which must be guarded against. Once more much may be accomplished in the supine position; relaxation being gained first, then an effort is made to pull the scapulae closer together and flat against the chest wall. If this effort is at all successful there will be a stretching of the contracted pectoral muscles and a consequent chest expansion. If the stooped shoulder condition has been of long standing, it will take more than the individual's effort to gain results. The gymnast will have to give passive stretching of the pectoral

muscles in order to lend assistance to the posterior muscles. Exercises especially selected for their ability to pull back the shoulder blades and stretch the chest muscles must be practised regularly.

Finally, the head must be held on such a level that one can see directly ahead.

It is not my purpose to here mention all the ill-effects that may be and are caused by faulty posture. But, consider that there is a delicate mechanical balance between the various segments of the body, and, as with any machine, when that balance is upset, ever so slightly, there is bound to be trouble. Our body, in the upright position, has certain definite curves in the spinal column, with such a fine adjustment of balance that an increase in one curve will cause a corresponding increase in the next curve. When the balance is disturbed for long periods of time the muscles become stretched in one direction and contracted in another, and, unless regular exercise is indulged in, the incorrect balance will be kept with a resulting poor posture.

The incorrect use of the feet will give us the painful condition of flat feet with pains in the legs as well. The relaxed abdomen will cause a sagging and misplacement of the abdominal organs with serious results not only to that portion of the body, but to the body as a whole. The narrowed chest causes the ribs to slant downwards from the spine. The decreased diameter of the chest retards the action of the lungs and heart. The drooping head is the cause of aching muscles on the back of the neck. Poor posture in general will be productive of aching muscles and a strained feeling over the whole body. Because the proper mechanics of the body are disturbed, the organs cannot function properly and there is a consequent loss of energy, mental and physical.

The ability to walk and stand correctly is within the power of all, excepting of course those who suffer from some deformity caused by disease or accident. Patience and perseverance are necessary to keep one's posture correct. In so many occupations there is a necessity for a continual bending forward and then also, one stoops very often through laxness. It seems so much more comfortable to stand on one foot than two, to let the shoulders sag rather than to hold them straight, and when sitting to slump down in a heap rather than to rest the full length of the back against the chair back.

It seems to come as more or less of a shock both to children and adults that the correct manner in which to walk is to place the heel down first and come forward on the toes for the next step. In this way the body balance is not disturbed, there is no jarring movement, and no waste of energy. Of course, the feet must be used in the parallel position, not with the toes pointing outward.

The window pole test has come to be recognized as the standard for posture; that is, a straight line dropped from the ear will fall through the shoulder and hip joints and either through or just in front of the ankle joint, if the individual has good posture. If the posture is poor the body will show in a very zig-zag line against the pole.

While it is generally said that the proper place to teach posture is in the school room, yet we are shirking our responsibility if we teach it there and there only. The teacher has many other lessons besides posture to teach and it is demanded of her that she neglect nothing. Added to that, the limited space at her disposal greatly hampers her in attempting other than the simplest exercises. Children must be watched that they hold their bodies erect while at home as well as at school. There is just as much necessity for the parents, as the teacher, to correct the slovenly habits of sitting and

standing posture. Again, in many cases, poor posture has developed into the more serious condition of spinal curvature and here the teacher can do little. Special attention is needed, individual care and specially designed exercises. For such children is needed the posture clinic, where the children may be examined by an orthopaedist and taught the corrective exercises by a competent gymnast.

Good posture must be sought for not only in children, but also in adults. The latter must carefully watch that they themselves do not develop those same faults which are just as harmful to them as to children.

The ability to stand and walk correctly greatly enhances one's value in the business world, which should appeal to adults. Every one enjoys meeting those persons who bear themselves with a poise that is easy and graceful. A well-balanced body helps to keep the mind well-balanced, and the owner is better prepared to meet the many exacting events of a busy life.

A slogan issued by the American Posture League is most apt, and we might do well to always remember it.

"Are you a rounded question mark,
Ungraceful, lacking vim?
Or a living exclamation point,
Alert, courageous, trim?" ? !

(Editor's Note: A companion article entitled The Treatment of Cripples, by Miss Janet B. Wolfe, was published in the April number of The Canadian Nurse.)

Nurses—Here and There

A Few Glimpses and Some Reflections

By JOHN M. GUNN, Barrister-at-Law, London, Ontario

I suppose that when the editor of *The Canadian Nurse* did me the honour of asking for a contribution, she had in her mind the fact that during the past twelve years, I have spent about twelve months, in periods of varying length, in hospitals in Canada and the United States.

I might begin with the very obvious remark that the nursing profession, as we know it today, is a quite recent development of modern times. And indeed the same remark has a much wider application. Now that young women have won such complete emancipation, it is hard for us to think back to a day, well within the memory of older people, when they remained by the parental fireside until released by marriage or death. Gradually conditions changed until we have undergone an economic revolution. The young woman who is not now engaged in some business or profession is almost as rare as the Great Auk. Since the war, women have battered down all barriers. They are now members on equal terms with men in the British House of Commons, from whose sacred precincts they were formerly excluded even as visitors. They have forced their way behind the brass grill-work of our banks and financial institutions and they are there in thousands and there to stay.

The propriety of women entering some callings in competition with men may be seriously questioned; but the nurse is engaged in the most womanly of all occupations and has the field entirely to herself. Every woman is a potential nurse and has usually ample scope for the exercise of her gifts. Her healing power was probably displayed for the first time in the Garden of Eden. If the apple which Adam ate was a trifle green, we can easily suppose that it would produce a painful gastric condition

and we can picture Eve hunting excitedly for the castor oil and giving it to her spouse with a little tremor of nervous anxiety, not unmingled with a slight touch of remorse that she was the cause of his distress. And ever since Eve's day, millions of motherly souls have ministered to the sick and afflicted and cared for little children who could not help themselves.

Then quite naturally there came the time, long before the days of training schools, when women went out nursing for pay. They were not always of the highest type. Lovers of Dickens will recall Sairy Gamp and Betsy Prig, immortalized in the pages of "Martin Chuzzlewit." Mrs. Gamp was a practical nurse. She was so practical that she drank the whiskey prescribed for her patient, she took his pillow to make her easy chair more comfortable and when he was unconscious she straightened him out and exclaimed "Won't he make a lovely corpse!"

Mrs. Gamp was a fat old woman with a husky voice and a moist eye and very little neck. She had a swollen red nose produced by the strong drink of which she was always redolent. She had the fortitude so necessary in her calling, "My dear," she said, "when Gamp was summoned to his long home and I see him lying in Guy's Hospital with a penny piece on each eye and his wooden leg under his left arm, I thought I should have fainted away. But I bore up."

Mrs. Gamp and Mrs. Prig were partners when day and night nurses were required. When through with a case, Mrs. Gamp "parted as if from a cherished member of the sisterhood with Betsy Prig."

"Wishin' you lots of sickness my darling creature," Mrs. Gamp observed, "and good places. It won't be long, I hope, afore we works together, off and on, again, Betsy; and may our next meeting be at a large family's, where they all takes it reg'lar, one from another, turn and turn about, and has it business like." "I don't care how soon it comes," said Mrs. Prig, "nor how many weeks it lasts."

Unfortunately the picture given us by Dickens was not overdrawn. The nurses of that time were dirty, ignorant, drunken creatures of the lowest character. This is hard for us now to understand when all the complimentary adjectives in the dictionary can be justly applied to the typical nurse of our day. And the beginning of the great and beneficent change came seventy years ago with the advent of that wonderful woman, Florence Nightingale. We think of her as the refined and educated maiden of high degree who went out from an old English home of luxury and ease to care for wounded soldiers in the hospitals of Scutari during the Crimean War. We think of her as the legendary "Lady with the Lamp" walking up and down the interminable aisles between the beds, bringing relief to shattered bodies and cheer to broken spirits, until the men came to worship her and kissed her shadow as she passed. Florence Nightingale was all that, but she was more than that. She was an angel of mercy but she was also a woman of brains and commanding personality. When she arrived in the Crimea she found the hospitals in a most deplorable state of dirt, neglect and confusion: a veritable chaos with which the officers of the army felt themselves helpless to deal. But to this extraordinary woman the situation was by no means hopeless. She went to work with her indomitable will and her forceful irresistible influence and brought about in a few months a transformation almost unbelievable. Not only did she create new and better conditions in buildings, sanitation, cooking, nursing and social service but she brought a new spirit to the men. "Before she came," said a soldier, "there was cussin' and swearin', but after that it was as 'oly as a church."

When Florence Nightingale returned from the war, she was thirty-seven. Her strenuous life at the front had shattered her health. Her heart was affected and her nervous system undermined. She was advised by her physicians that her life could be saved only by complete and prolonged rest. In spite of their diagnosis she declined to die and she lived for fifty-four years — most of that time an invalid — spending months at a time in bed or lying on a couch and yet all that time, as one biographer says, doing the work of two cabinet ministers. During this unknown period, the last half-century of her life, she made her greatest contribution to the welfare of mankind. Through her influence, vast reforms were effected in army hospitals and the care of soldiers in war and in peace. She revolutionized all theories of hospital construction and management. Her advice was sought and accepted on all sides. When the Nightingale Training School for Nurses was opened in St. Thomas's Hospital in 1860, she became the founder of modern nursing. And nearly fifty years later at the end of her long and useful life when the Order of Merit was bestowed upon her, it was universally conceded that it could not be granted to anyone who deserved it more.

The Civil War in the United States produced a woman who had much in common with Florence Nightingale. This was Jane Grey Swisshelm, who was born in 1815 in Western Pennsylvania. She was possessed of great natural ability, strong convictions, an invincible determination and an utterly reckless courage in her advocacy of any cause which she espoused. As an editor in Pittsburg and later in St. Cloud, Minnesota, and as a public lecturer, she was a powerful supporter of women's rights and an ardent, uncompromising abolitionist. She called a spade a spade and got herself into many a difficult situation from which she emerged always triumphant.

In 1863 she found herself in Washington and, though she had no special training she offered her services as nurse in a soldiers' hospital. She found conditions not unlike those which faced Florence Nightingale at Scutari. Everywhere there was dirt, incompetence, mismanagement; everywhere inadequate provision for the patients' needs, and everywhere red tape and officialism blocking all attempts at reform. None of these things could daunt Mrs. Swisshelm. She went to work with tireless energy and rare common sense. She toiled unceasingly by day and night and was credited with saving the lives of many men who were given up by the surgeons and who might otherwise have died through sheer neglect. She was full of fun and good cheer and carried into the saddest wards a merry heart which, as Solomon said, doeth good like medicine. Her methods were simple and direct and generally effective. She had a profound contempt for the fashionable ladies who called upon the soldiers dressed in their finery and the hoop skirts of sixty years ago. One man who had suffered from their amateur ministrations tacked a card on the foot of his bed—"Too sick to be nursed today." Mrs. Swisshelm speaks in her characteristic way of one such woman whom she met: "a widow who estimated herself by her surroundings and whose every word and look and motion was an apology for her existence. We had no room for her hoops and she spent her time in odd corners taking care of them and her hair. If I had killed all the folks I have felt like killing, she would have gone to her final rest."

Mrs. Swisshelm did not always have murder in her heart. She was a good Christian woman and played the part on many a sad occasion. She spent some time in Fredericksburg nursing in an improvised hos-

pital located in a Catholic Church. One night she sat beside a soldier boy who was sinking fast. "I always tried," she said, "to avoid bringing sadness to the living on account of death; but it must have been hard for men to sleep in sound of his laboured breathing; and to soften it I began singing "Shining Shore." He took it up at once, in a whisper tone, keeping time as if used to singing. Soon one, then another and another joined until all over the church these prostrate men were singing that soft sad melody. On the altar burned a row of candles before a life-sized picture of the Virgin and Child. The cocks crew the time of the night outside, and when we had sung the hymn through, some of the men began again and we had sung it a second time when I heard George call me. I knew that he too was dying and would probably not hear the next crowing of the cock. I must go to him! How could I leave this head unsupported? Oh, death where is thy sting? I think it was with me that night; but I went to George, and when the sun arose, it looked upon two corpses, the remains of two who had gone from my arms in one night full of hope in the Great Hereafter."

This noble woman, broken down under the strain, suffered shortly afterwards from an illness which was alarming but happily not fatal. While she was laid aside, a friend writing to a Maine paper expressed the universal feeling when she said, "I hope the Lord will not take her away, until He has made another like her."

When the Great War broke upon the world in 1914, hundreds of nurses enlisted for service overseas just as eagerly as did the men. And there is no more glorious page in the history of heroism than the record of what they did and endured so loyally and unflinchingly on every battle front. By day and by night they toiled unselfishly in the most harrowing situations from which strong men might quail. They bound up the wounded and broken-hearted, ministering with womanly tenderness both to body and mind. And when, as happened all too frequently, their most earnest endeavours proved unavailing, and they saw their patients passing out to the Great Beyond, they represented, as best they could, the mothers and wives and sweethearts at home in performing the last sad offices for dying men. And many a time they counted not their own lives dear unto themselves but made the supreme sacrifice on the altar of freedom. Edith Cavell was the most outstanding martyr nurse—the circumstances were so tragic and her fate so cruel. But Edith Cavell was not alone in showing a fine spirit of heroism in splendid scorn of consequence. More than two score Canadian nurses lost their lives. It was eminently fitting that a memorial should be placed in the old York Cathedral in England on June 25th, 1925, to the memory of the Empire's nurses—more than thirteen hundred of them—who went to the front and never returned. And it was equally fitting, that memorial services should be held all over Canada at the hour of the unveiling of the memorial in the Old Land. We must never allow the memory of these noble heroic souls to fade. As Lawrence Binyon said in his great poem, "At the going down of the sun and in the morning we will remember them."

When Our Lord sent forth the twelve on their first missionary journey, He commissioned them not only to preach the Gospel but also to heal the sick. The heart of the Great Physician was always touched by the sight of human suffering and His ear was ever open to the cry of those in pain. We are told that He healed all who came unto Him. We know that all work is honourable that renders a genuine service to mankind. But I think we may safely

say that the nurse who goes out in a spirit of unselfish devotion in peace or in war, in the homeland or in distant heathen lands beyond the sea, to relieve the distressed, is following more closely than most of us the mind and the example of the Master, who went about doing good. And if any distinctions can be made we may expect that she will receive the heartiest commendation of all on that day when He says, "Well done," to all His servants who have continued faithful even unto death.

The Practice of Nursing

In his address to the graduating class of the Children's Memorial Hospital, Montreal, on April 20th, 1928, Dr. Lionel M. Lindsay said, in part:

The practice of nursing, especially the nursing of children, is not easy. It requires tact and patience as you well know, but it is an occupation which lends itself to the natural inclinations and instincts of a woman. To heal the sick; to watch the colour and life come back to the face of a little child: what could be more satisfying? Moreover a child patient responds more readily to treatment than an adult, for his protoplasm is plastic and undamaged.

During your training you have attended many lectures and clinics, some no doubt dull and uninteresting, but all endeavouring to explain the reasons and theories upon which the art of healing is based. You have had demonstrations and practice in order to perfect your skill and develop in you self-reliance. But, although the practice of medicine is an art based on scientific principles we would rather that a nurse were more of the artist and less of the scientist. For instance, we have tried to teach you some of the scientific principles of dietetics in order that you may have an intelligent understanding of the subject. But from the patient's point of view it is more important that you be capable of making a good custard than that you should be able to talk glibly on the vitamins or calories in the eggs.

. . . . . .

You will be admitted into the intimate and often most sacred confidences of the family. The oath of Hippocrates should be sworn by all nurses as well as by doctors: that oath which enjoins absolute secrecy of things seen and heard amongst the sick. For with the physician and the priest you now form part of a trinity which deals with human frailties and human woes.

For those who take up institutional work let me caution you against the monotony of daily routine. Nothing is more liable to deaden one's enthusiasm and lead to perfunctory service. Beware of it, and if you find it descending upon you, change your work, at least for a time. Take a post-graduate course. Do public health work or go into private practice. Anything to shake the shackles of boredom and indifference that are so inimical to the best traditions of the nursing profession.

Causes of Maternal Mortality

By DOROTHY M. HOPKINS, Regina

[EDITOR'S NOTE: An essay competition on the subject of "The Causes of Maternal Mortality" was announced several months ago by the Council of the Registered Nurses Association of Saskatchewan. This competition was open to all nurses registered in that Province. Miss Dorothy Hopkins, a member of the School Hygiene Branch of the Department of Public Health, Saskatchewan, was awarded first prize for her essay, which is published below.]

Statistics show that the maternal mortality rate for Canada covering the period from July, 1925, to July, 1926, is 6.4 per thousand living births. It may seem unduly pessimistic, but this same report states: "There is no reason to believe that the figures for 1928 will be any more encouraging. . . . These mothers died young. The youngest was fifteen years old; the average age was thirty-one."

What are the causes of this evil? People have been accustomed to believe that labour is a natural process and hence requires no special care. Result: the men with the greatest skill look to other fields of medicine in which to attain reward. As many doctors claim, our standard of maternity practice is low, many not taking these cases seriously enough. Through the appalling lack of education and inattention to maternity care—preventable ignorance—maternal life is held in too light esteem. Obstetrics should be practised seriously as a profession, and not by a neighbour's wife. This "handy-woman" is a disgrace to the public and a menace to its welfare.

In many cases the scarcity of finances presents a major difficulty. Lack of provision for protection by law of the expectant mother in industry often results in overworked, underfed, unhealthy, morbid individuals. It has been said, "As to the production of beneficial pre-natal effects, while parents can do nothing toward modifying favourably such qualities as are predetermined in their germ-plasm, nevertheless they must come to realize that bad environment can wreck good germ-plasm. They can see to it that they keep themselves in good physical condition by wholesome, temperate living and thereby insure as far as possible healthy germ cells for the conception and good nutrition for the sustenance of their progeny. Their one sacred obligation to the immortal germ-plasm of which they are the trustees is to see that they hand it on with its maximal possibilities, undimmed by innutrition, poisons or vice."

More skilled nursing care, the lack of which has been keenly felt by many, is a vital need. Far be it from me to dissertate upon the manner of conducting a training school. This tentative suggestion is advanced with the desire to see this great lack obviated. Would not one of the first requisites to the solution of this problem be to acquaint all student nurses, that is nurses in training, with the facts of maternal mortality, emphasizing the great importance of every nurse a public health nurse, preaching for her gospel the need of hygienic care in obstetrics, ante-natal and post-natal?

The dearth of medical facilities for pioneer outposts is keenly felt. As one writer has ably put it: "Why should not the woman about to perform the highest function of the race, at the most interesting, most endearing, and most crucial moment of her life, enjoy the greatest benefits, the finest art that the science of medicine affords?" Should the pioneer be penalized and be called upon to do all the sacrificing for posterity?

Insufficient hospital accommodation for mothers in rural areas is a subject that could be enlarged upon and much room for improvement noted. The main difficulty experienced is lack of co-operation and interest in maternal welfare work by municipal councils.

The public's opinion must be moulded to a realization of maternal welfare requirements. In this country, with no crowded cities and many advantages, this enormous and regrettable loss might be perceptibly decreased.

The lackadaisical attitude of the laity must be overcome by the awakening of the public's interest through having the subject brought up for study before women's organizations in all communities, included in every health and home nursing class, and emphasized as a most serious public health problem which would result in decreased annual wastage of mothers' lives.

The subject lacks publicity. The importance of periodic, well-written, popular articles couched in simple untechnical terms in a household magazine read by many mothers is far greater than a literary treatise of facts in the daily press. Free discussion in public of maternity services and their usefulness should be stressed. Looking to New Zealand, from whom we have much to learn, we find: "They have nursing and maternal organizations, the registration of midwives is compulsory; maternity houses have been provided which not only furnish care during the confinement period but also give a small amount of pre-natal care to the prospective mother and post-natal care to infants. Special legislation looking toward a reduction in the mortality rate has been enacted. Probably the largest single factor is the Royal New Zealand Society for the Health of Women and Children, organized in 1907. Its activities are very extensive, and, it is stated, have a far-reaching influence in reducing the maternal mortality." We might well emulate this worthy project.

Education of the mothers is another vital point of contact which perhaps we are not making the most of, and this indirectly and directly may be a partial reason for the cause of maternal mortality. This programme of education may be organized in prenatal and infant clinics, public health services, city and rural district visiting nursing: to all of which the mother should have ready access and in which she may feel free to seek advice gratis.

Unity of effort, consolidated purpose, and intelligent direction would result in wider development and more substantial achievement in maternal welfare in many areas without any additional expenditure. The more intelligent development of present machinery and co-ordination would prevent the leakage found in incomplete medical service, incomplete maternal welfare work, lack of adequate hospital organization and the almost complete absence of efficient "follow-up" work.

Failure to link up hospital service with outside social services, and lack of co-ordination of the work of voluntary, local, provincial, and Dominion organizations, if corrected, in all probability would arouse the interest of the state and individual in the conservation of maternal life and health.

The lack of a definite attempt to educate the husbands to the need of better maternity care. Why include the husbands? may be asked. It is essential that the expectant mother have plenty of good nourishing food, a properly balanced diet, and that no unduly heavy work is indulged in. In some urban centres non-attendance of clinics has been accounted for by the prejudices and opposition of the husband.

Within the last few years progress has been made in the study of maternal mortality, but more intensive work remains to be done in order to decrease the toll of mothers' lives.

The people must be educated to the need for a generalized nursing service. In some localities arrangements have been made with the Victorian Order of Nurses to demonstrate the efficiency of this type of nursing in a rural community. The practical work in this field is the cynosure of many organizations, who see in it a response to their cry, "Come over and help us."

Vignettes from the History of Nursing

By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (Continued.)

XXI

OLYMPIAS

By MARGARET PRINGLE, Stanley, N.B

To tell the story of Olympias is to tell the story of her day, so closely is her life interwoven with that of the leading personages, and yet how insignificant does she appear until we see her against the background of her time.

Olympias was born in 368 A.D. and lived until the second decade of the next century. This was the period which saw the organization of those institutions which were to hold together even when the Roman Empire fell to pieces. She was born some forty years after Constantine had moved his court eastward and built up a new Imperial City on the site of the little, old, fortified town of Byzantium. Persia was pressing in on the east and the Goths on the north. But greater than these dangers was that within the Empire itself, for the Roman life was deteriorating. The people were softened and surfeited with luxury; vital things were being forgotten in a welter of narrow views and self-seeking.

Constantine thought that he saw in Christianity that which would save the soul of his Empire and give it renewed vigour. He accepted Christianity as the State religion, and probably hoped to make a fresh beginning in a new environment—Constantinople.

But the Church itself was falling apart, owing to the variance in beliefs of a widely scattered people. Constantine saw this also, and called together the First Council to organize a system which would hold the Church together and formulate its beliefs.

This age also saw the establishment of monasticism as a provision for godly men and women to withdraw from too worldly surroundings.

* * *

Olympias was born of a courtly pagan family, but her parents dying while she was very young she was placed under a Christian governess. As she grew up she had many suitors and at the age of sixteen married the Prefect of Constantinople. Her marriage was unhappy and in less than two years she was left a widow, without children. She took this as a sign that she was not meant for marriage and dedicated her life to Christian charity. She had many chances to re-marry but refused all. So angry did the Emperor Theodosius become at her repeatedly refusing to marry his Spanish kinsman that he confiscated her property and turned it over to the care of the State until she should reach the age of thirty. Olympias wrote the emperor a very sarcastic letter thanking him for relieving her of the management of her estate, asking him to divide it up for the churches and the poor, and thus save her the trouble as she intended to devote her life to charity. The proud old soldier, seeing the mettle of the woman he was disciplining, restored the estate to her, but she devoted it all to religious purposes. She gave up not only luxuries but many of the comforts and even necessities of life, denying herself food, sleep and decent clothing. Before she reached the age of thirty she was made deaconess by the Bishop Nectarius, who asked her advice on many matters.

By this time many changes were taking place. Theodosius, the last emperor, had died and left his two sons to rule: one in the west, at Rome, and the other—Arcadius—in Constantinople. Arcadius was very young and weak-minded, and much under the influence of a eunuch, Eutropius, who by his wits had raised himself from a humble position in the household until he was now chief minister. On the death of Nectarius many claimants at once came forward for the bishopric, but the wily Eutropius refused all applicants and hoped to compromise by choosing one not interested in worldly ambitions. This was a preacher in Antioch, John, surnamed Chrysostom the Golden-mouthed on account of his oratorical gifts.

John Chrysostom was born of a pagan military family and had been educated and trained for the law, proving himself a brilliant student. He had been won over to Christianity by his friendship for Basil. At the age of twenty, or about the time of the birth of Olympias, he had taken up the ascetic life and withdrawn into a cave in Egypt in order to mortify the flesh for the glory of his soul, or in order to get away from his former life of luxury. He denied himself proper food and rest so that at the end of six years he was forced to return, broken in health. He became a preacher at Antioch and won for himself a name that, as we have seen, reached far beyond his city. Hence, when the bishopric of Constantinople fell empty, Chrysostom was the man chosen to fill it.

Eutropius was mistaken if he thought the new bishop would be passive in his hands, for no sooner had Chrysostom reached Constantinople than he began to reorganize the life of the clergy. To a man of his austere training the luxurious life at the bishopric was distasteful and in the first year he had saved enough from the revenue of the church to build a hospital. He found the moral tone of the clergy lax and standards of duty low: worldliness and flattery of the great prevailing. Some of the clergy were deposed for graver offenses and the remainder were reprimanded.

John Chrysostom found Olympias the leader in a group of some forty deaconesses—a leader in this, the golden age, of deaconesses; an organizer in the century of organization. She was giving her whole time to the relief of the poor and sick, and to the hospitable entertainment of visiting bishops and other ecclesiastics: none of whom ever left her home without pecuniary aid for whatever religious works they were carrying on. These included Gregory Nyssen and Peter, the brothers of Basil, and many others. One of these latter, Optimus, died while in the city, and Olympias herself closed his dying eyelids. As her hospitality was being abused Chrysostom interfered, telling her that her wealth was a trust from God, to be used prudently and not given to the opulent and covetous. Rather than resenting this, her devotion to Chrysostom seems to have been increased. One authority tells us that the bishop advised her in the distribution of her wealth; another that it was she who was the advisor to Chrysostom. It is easy to picture Chrysostom directing the policy of the works of charity, and Olympias with her practical mind carrying out the details. A partial survey of the city, made early in the reign of Arcadius, shows that while there were over four thousand private palaces besides those of the royal family, there were fifty-four churches and twenty monasteries, but only one hospital. With his savings Chrysostom built at least two hospitals. His other charitable and missionary interests included work among the Goths, the Phoenicians and in Asia Minor. He never recovered from his severe monastic life and Olympias watched carefully

over his health, seeing that proper food was prepared for his delicate stomach, and that his periods of fasting were not unduly prolonged.

Space does not permit us to linger over the spectacular events of the next few years, to which Olympias was probably an eye-witness, though no definite mention of her has been found by the present writer: the Empress Eudoxia's outburst of religious enthusiasm, the torch-lit procession of thousands of all classes from the city, led by the Empress herself—in royal robes and a diadem—to a martyrdom, nine miles distant; Chrysostom's eloquent sermon on the seashore at dawn the following morning; the downfall of the eunuch Eutropius and his clinging to the altar, a miserable hunted wretch, while Chrysostom saves him from the mob; the revolt of the Goths and their leader haughtily demanding one of the Christian churches for Arian worship; Chrysostom's skilful handling of the situation; the subsequent death of the Gothic leader; Chrysostom weeping in secret over the frivolities of those who applauded his preaching; the shouts of the people around the silver statue of Eudoxia disturbing the cathedral service.

But Chrysostom's eloquent tongue was not only his glory but the cause of his downfall. Living a simple life himself, he had no sympathy with the luxury-loving court. Intolerant of evil himself, he was intolerant, and even harsh, to all whom he considered offenders, and many of his shafts seemed aimed at the vain and worldly empress. She was also jealous of his influence over the emperor.

The bishop of the imperial city, in constant communion with the emperor and the ruling powers of the State, endowed with great personal ability and energy; the most eloquent speaker of his age, it is not to be wondered at that he began to extend the sphere of his ecclesiastic domain, and, always harsh to those he considered wrong doers, he naturally made many enemies.

With a vain and revengeful woman as empress, an ambitious and discontented clergy, a small minded number always ready to carry tales and further misunderstandings, the material was all in readiness for the outburst of dissatisfaction that ensued. Through technicalities, exaggerations, misrepresentations, and actual untruths, Chrysostom was banished from the city and taken by soldiers across the Bosphorus to a far frontier of the empire.

Scarcely had he left when flames broke out near the pulpit and in less than three hours the cathedral, the scene of such stirring scenes during the last six years, lay a bed of smouldering ashes. At once suspicion fell on his followers, and Olympias, on account of her high position in the city, was charged with having been responsible for the fire. She was carried before the courts and promised that she would be freed from annoyance if she would acknowledge the new bishop of Constantinople. This compromise she haughtily spurned, and with a calm dignity said she was charged with what could not be proved and what her whole life refuted, and demanded to be publicly freed.

This trouble seems to have brought on an almost fatal illness and she left Constantinople the following spring. Whether this was of her own free will is not known; however, it is known that at least one of her friends was imprisoned and another was banished from the city and her special band of followers broken up. She appears to have been harassed in the hope of breaking her spirit. She was recalled to the city and again she refused to acknowledge Arcasius as the rightful bishop, and was heavily fined.

Of the remainder of her life very little is known. She is believed to

have had frequent illnesses and died between 408 and 420 A.D.

Time is too short to follow Chrysostom's trials during the next few years; his hurried march through all kinds of weather; his severe attack of tertian fever; his escape from warring bands of outlaws; his illness and suffering during the cold and storms of winter. But through it all he kept up a correspondence with his friends. From his cold and uncomfortable quarters in the wilds he directed his work of charity and cheered the spirits of his followers. From here he wielded an influence even greater than he ever had had as a bishop of the imperial city. His wonderful letters have been preserved and hold the attention today: not merely because they are written in well moulded language, but because he had something vital to say. Forty of these letters are still extant and of them seventeen are addressed to Olympias. It is largely from these that much of our knowledge of her life is gathered. The tone is always respectful, affectionate, and paternal; but too complimentary to be considered in good taste today. The references to her lack of personal care and cleanliness may disgust us, but against this we must place the influence on Chrysostom's preachings against the extravagant attire of the empress and her followers, and his continual holding up before the eyes of his followers the ideal of an ascetic life.

In his last letter he begs her to procure some more of a medicine which had previously cured his illness "in three days." Whether she was ever able to do so, we do not know, for here his letters end.

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How little Olympias seems to have done for nursing! But as in other fields what small beginnings may bear fruit! That she had the spirit of nursing may be gathered from her tender solicitude for the health of Chrysostom and her presence at the death of Optimus. But more lasting than this is her influence, together with that of her contemporaries, Paula, Macrina, Basil and others, in giving labour a dignified place in their lives. These men and women belonged to the highest level of society in an age of slave labour and luxury, yet in the organization of the monastery they placed manual labour on a level with education and devotion.

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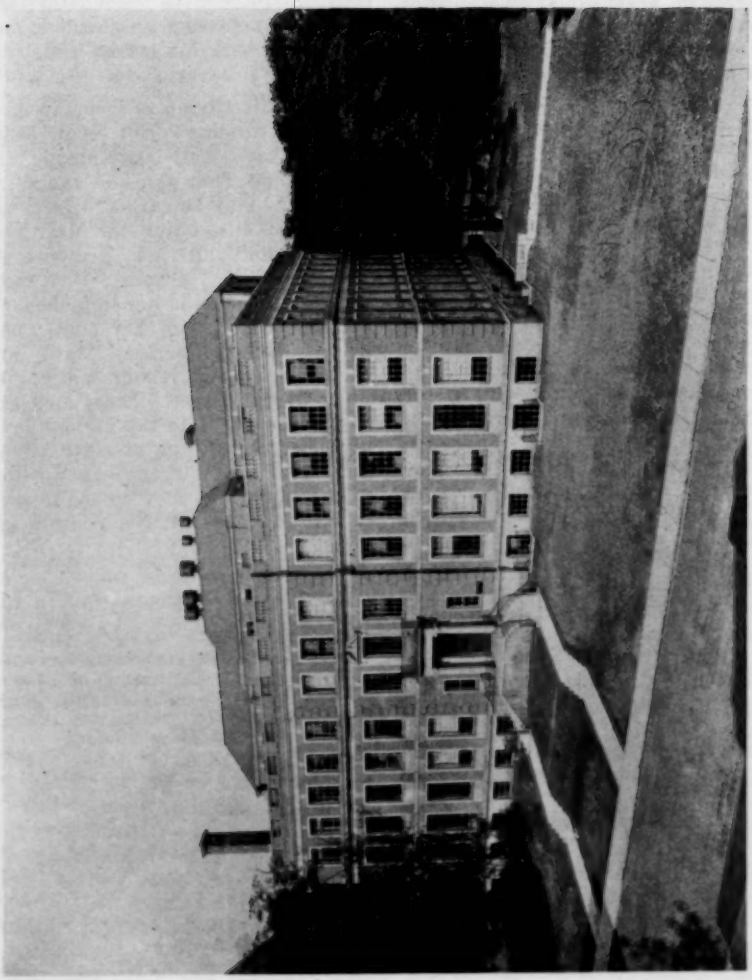

SCHOOL OF HYGIENE, UNIVERSITY OF TORONTO

The School of Hygiene, University of Toronto

By FLORENCE H. M. EMORY, Toronto

"That man has had a liberal education who has been so trained in youth that his body is the ready servant of his will, and does with ease and pleasure all the work that, as a mechanism, it is capable of; whose intellect is a clear, cold, logic engine, with all its parts of equal strength, and in smooth working order, . . . whose mind is stored with a knowledge of the great and fundamental truths of Nature and of the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions are trained to come to heel by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of Nature or of art, to hate all vileness, and to respect others as himself."—HUXLEY.

Such is the significant quotation chiselled in stone inside its entrance and such the spirit which permeates the school.

The School of Hygiene was established in the University of Toronto in 1925. It was not until the opening of the new Hygiene Building in June, 1927, however, that those departments in the University concerned with the teaching of Hygiene, Public Health and Preventive Medicine were co-ordinated. The school consists of the Departments of Hygiene and Preventive Medicine, Epidemiology and Biometrics, Physiological Hygiene and Public Health Nursing. Associated with the School of Hygiene are the Connaught Laboratories, the University section of which occupies quarters in the Hygiene Building. The University of Toronto is indebted to the Rockefeller Foundation for the gift of $650,000, which made possible the establishment of the school.

The Departments of Hygiene and Preventive Medicine, Epidemiology and Biometrics and Physiological Hygiene provide the major portion of the instruction offered to graduates in medicine who are candidates for the Diploma of Public Health. The Department of Public Health Nursing offers two diploma courses. The one is open to graduate nurses who at the successful completion of one academic year are eligible for the University Diploma in Public Health Nursing. The other consists of four years of preparation for public health nursing. These four years include the full training for hospital nursing as given in the School for Nurses of the Toronto General Hospital. If successful in completing the course the student is entitled to the Diploma in Nursing from the Toronto General Hospital and the Diploma in Public Health Nursing from the University.

The Department of Public Health Nursing continues as an independent University Department, although the academic work undertaken is closely related to that in the other Departments of the School of Hygiene. The location of the administrative offices of the Department in the School, the class-room, library and laboratory facilities offered, and the opportunity for the mingling of those whose mutual interest is the preparation of workers for the health field are appreciated by students and staff alike. The unique organization of the School of Hygiene, including the Department of Public Health Nursing as an integral part, denotes progress in a teaching field which, though new to university life, is meeting a legitimate community need.

Experimental Production of Calculi

In the July, 1927, issue of the *Canadian Medical Association Journal*, editorial reference was made to articles by Yoshitoma Fujimaki, a noted Japanese biochemist, in which he records an elaborate study of the formation of urinary and bile-duct calculi in animals fed on experimental rations. The study was prompted by the frequency to which Fujimaki had noted the presence of these calculi in rats which had been kept for long periods on a diet which was either free from, or poor in, vitamin A.

In his experiments, Fujimaki investigated deficiencies in each of the vitamins A, B, and C, in mineral salts (especially calcium and phosphorus), and in protein, and also in several combinations of vitamins. Rats, Chinese mice, puppies, and dogs were employed in the tests. Seemingly, the utmost care was taken to assure scientific accuracy. The results of a large number of experiments are tabulated.

The summary of his results indicates that calculi did not develop in animals which were kept on a normal diet, nor in those which were fed on a diet deficient in either vitamin B, vitamin C, or a combination of these vitamins. Nor did calculi develop within a month in animals whose food was deficient in vitamin A or in both vitamins A and C. But more prolonged feeding of these latter diets led to the production of calculi, which developed in practically all the animals so fed for three months or more. Bladder calculi appeared very commonly in the second month, kidney stones made their appearance later, and bile-duct stones seldom appeared much before the end of the fourth month. In quite a large number of animals, subjected to this diet for several months, all three varieties of stones developed. The urinary calculi were composed of phosphates; the biliary calculi of cholesterol.

A number of rats which gave x-ray shadows indicating the presence of large bladder stones were placed on a diet rich in either vitamin A or both vitamins A and C. In all cases the physiological condition at once showed improvement. At the end of two and a half months one was killed; four stones had disappeared and a fifth gave evidence that it had been dissolving. In three rats killed at the end of three months, and two killed after four and a half months, no stones were found. It was noted that the deficient diet caused alkalinity of the urine, which gave place to acidity when the normal diet was resumed.

In his second paper, Fujimaki discusses his experiments with diets deficient in protein, in vitamin A and protein, and in vitamin A and inorganic calcium and phosphorus. In the case of rats fed with a protein-deficient diet, nearly all died within a month and a half, but two survived for a hundred days. In no instance were calculi found. Fourteen out of twenty rats fed without vitamin A and protein died within a month; in two cases bladder stones were found. Of the other six, two developed kidney stones and one developed bile-duct stones. None survived much over three months.

The results obtained from eliminating vitamin A and inorganic calcium and phosphorus from the diet were particularly striking. Seventeen out of twenty-five rats died within thirty days; one showed bladder and kidney stones; while two showed bile-duct stone. None of the others lived more than sixty-four days; four of them showed bladder, kidney, and bile-duct stones, two showed bladder and bile-duct stones, one showed bile-duct stones. Bile-duct stones formed be-

(Continued on page 363)

Department of Nursing Education

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The Technical Schools as a Preliminary to Hospital Training Schools

By MARY H. O'DONOGHUE, The Technical School, Windsor, Ontario

The article presented herewith was read at the annual meeting (1928) of the Ontario Education Association. At this meeting a committee was formed to deal with the subject of Secondary Schools in relation to Schools of Nursing, in the hope that the Registered Nurses Association of Ontario would also form a committee. Three members of the Ontario Education Association attended the annual meeting of the Registered Nurses Association of Ontario and at this meeting a committee was formed to confer with the committee of the Ontario Education Association.

The vocational counsellor for girls in a technical high school learns that a large number of her charges are looking forward to entering hospital training schools when they are old enough. At the present time 40 per cent. of the girls enrolled in the Household Arts course in the Windsor-Walkerville Technical School have fixed upon the nursing profession as their objective.

The discovery that so large a number of girls proceeding to graduation in our technical high schools will in four or five years' time seek admission to hospital training schools raises the question whether they will be received willingly, reluctantly or refused admission. The vocational counsellor then proceeds to investigate the conditions for admission required by the hospitals in her vicinity and by those farther away, since ordinarily girls are not admitted to training in the towns in which they live. She makes herself acquainted with those charged with the admission of student-nurses. She becomes conversant with their ideas and she invites them to the school in order that they may become acquainted with what the school has to offer.

This is a proper place in which to congratulate the nurses on the systematic and clear-cut efforts that they are making to raise the educational standards of their own body. That women busied with the ever-pressing duties of their exacting vocation should by their own efforts enforce even higher standards, that they should do this without assistance from the schools is a tribute to their energy and purity of purpose. If I may quote from a pamphlet by Dr. Richard Beard of November, 1919, entitled "The University Education of the Nurse," you will get a stronger impression of what the nurses have done for themselves. He writes: "It has remained, and still remains, true that the training schools for nurses remain private schools, and for the most part mere hospital adjuncts; that they have no organic relation with educational institutions; that they exist, primarily, for the benefit of their hospital service; and that no definite standards of education obtain to which the schools upon any principle of association or reciprocity adhere, or by which the training or fitness of a graduate nurse may be judged.

"Undoubtedly the most helpful influence toward the betterment of the profession of nursing and towards the elevation of the standards of edu-

cation for the nurse has come from the associations of graduate nurses themselves. Pending the time—and may it come soon—when their influence shall become sufficiently powerful to establish a standard of minimal requirements for the training schools of the country, they have taken a very important step toward this end in securing laws to regulate and control the practice of nursing, and they have thus acquired the opportunity to set certain standards of fitness, if not for the schools at least for themselves. They have secured in the enactment of these laws a lever with which they cannot fail in time to lift the requirements of the schools, if that lever be well and wisely applied."

In this quotation we have due credit given to the graduate nurses in their efforts to improve their standards and we have a very definitely implied criticism of the educational world for the fact that it has left the nurses to tackle the problem alone. We may here then reach one practical conclusion. Let there be assigned to some individual in each technical high school the work of becoming acquainted with the hospitals in the vicinity and of bringing them into touch with the school. This should be done by personal interviews, particularly with those charged with the admission of girls to the training schools, by having the same women meet the student body and by a study of the proceedings of the Registered Nurses Association of Ontario. This association is divided into ten districts, each district holding annual, semi-annual, or quarterly meetings. The districts centre in the larger communities where the technical high schools are also to be found, and it is true of at least District No. 1 that participation in the programme by representatives in the schools is welcomed. The vocational counsellor for girls in the Windsor - Walkerville Technical School had the pleasure of participating in such a programme and was impressed with the fact that the nurses were more alert in their efforts to articulate with the schools than the schools were in reciprocating. Even the technical schools are still sometimes engrossed with mere pedagogical projects and leave to chance the functioning of what they teach.

From April 19th to 21st the Registered Nurses Association of Ontario will be in session at Chatham. As proof of what I have just said I may quote the titles of two papers on its programme. They are a "Study of Ways in which High School Girls may be Interested in Nursing" and "Methods of Securing more Complete Information from High School Principals concerning Educational Records." The Registered Nurses Association is to be congratulated on the attention paid to these topics, and the technical schools of Ontario are to be blamed if for high school the nursing body connotes academic school. By the methods indicated previously we should become acquainted with the hospitals, get them acquainted with us and impress the idea that a technical school by virtue of its curriculum—of the conditions of entrance, of its teaching staff, is a secondary school—is just as much a high school as any other. We should stress especially the fact that the time spent on English, history and the social sciences in a technical high school is the same as that spent in an academic high school and that the curriculum in those subjects is in no way inferior. We cannot be surprised when we consider how recent is the establishment of technical high schools if persons whose education was completed before their establishment carry over a special connotation for the term "high school." We must take every opportunity to inform them of the true status of our schools in the educational system.

It is not, however, through a complete misapprehension of the meaning of the term "technical school" that organizations employ the term "high

school" where the term secondary school as embracing academic high schools, collegiate institutes, continuation schools and technical high schools should be used. There is another reason. That reason is that hospitals as well as schools do not wish to graduate their students into a field some exits from which are closed to them. An alert training school does not wish to have closed to its graduates the avenues of public health nursing, of social service work and of the degree of bachelor of science in nursing. And those avenues are closed in Ontario unless the candidate has matriculation standing. The matriculation standing in Ontario is not very flexible and I should like to submit to this meeting the problem whether or not the technical high schools would be well advised in seeking a matriculation which will fit in with their curricula into the courses in the universities of B.S. in Nursing, Public Health Nursing and Social Service. Unless this is done we cannot expect to secure entrance into many hospitals which are able to choose their aspirants because they logically will choose those who after graduation may go on to the farther reaches in the field of their profession and do credit not only to themselves but to the hospitals from which they came.

Can the technical high schools reasonably demand such a matriculation? How can it be managed without Latin? Recently I heard one young lady glibly remark that Latin was tied up in the whole subject of nursing. I know that the larger hospitals in Detroit and Chicago fix upon college entrance or three years of college entrance high school work as the minimum preliminary education required for admission to their training schools. But I also know that such high school standing could be attained without any credits for Latin whatever. I have personally had assurance from the heads of two of the large training schools in Detroit that they did not consider Latin specially desirable, but that they did feel that cookery and nutrition would be very valuable and would be reckoned unto a prospective nurse in training for righteousness.

The Vocational Guidance Department of Chicago is one of the best organized and most effective in the United States, and its advice to girls may be accepted as based on the fullest investigation, complete knowledge of the situation, and of the greatest practical value. In one of its leaflets, entitled "Nursing as a Profession," its paragraph on Training is pertinent to the matter under our attention. I will quote it verbatim: "High school girls who are expecting to study nursing should take either the general science or social science course offered in Chicago high schools. Written and spoken English, History, Civics, Economics, Sociology, Biology, Hygiene, Chemistry, Cookery, Nutrition and Housekeeping are all of value to the nurse." You will observe the stress laid on the social and natural sciences and the entire absence of any mention of Latin.

The Department of Education in Ontario has made a careful and exact examination into the subject of the Latin which nurses use in their training and after they have become qualified nurses. After examining 664 prescriptions representative of 664 practising physicians in the city of Toronto the investigator was able to draw the following conclusions:

1. Prescriptions written in Latin were 37.5% of the total. Prescriptions in English were 51.3%. Prescriptions written partly in English and partly in Latin were 11.1%.

2. The total number of Latin words used was 44. Of this number 19 are not in the high school Latin.

3. The total number of Latin phrases used were six. Of this number four are not in the high school Latin.

Is it not carrying the doctrine of cultural training a little too far to

require three or four years' study of a difficult subject in order that one may recognize the nationality of 44 words? Will not the ordinarily bright girl without any background of the final subjunctive and the *oratio obliqua* master the fact that *capsula* is a capsule, *extractum*, an extract, and *syrupus* a syrup. Will the matriculant recognize either in its Latin or in its English form, L. lamella, Eng. lamella; L. sterula, Eng. sterule; L. vescette, Eng. vescette? Do you? The third chapter of Blumgarten's *Materia Medica* is the only Latin required by nurses in training and by graduate nurses. The content of the chapter is so slight and some of it so technical that one can readily understand why the heads of many large training schools are quite indifferent as to whether the student nurses have studied Latin or not. I am convinced that when a training school demands matriculation as a preliminary education for the students it is because it is concerned with linking up the hospital with the educational system and that once that has been accomplished we may find the hospitals with their customary energy focusing their attention upon the kind of matriculation and holding it more truly in accordance with their needs. Miss A. M. Hamill, of the Department of Education has complete data on the subject of the Latin required by the nurse, and I assure you that you would be interested in examining it in detail, each for himself.

What do the hospitals really desire? No doubt there is a diversity of opinion, but from prominent schools of nursing in Chicago, in Detroit and in Toronto comes the same expression of opinion. The initial stress is laid on English. The nurse is a public servant. In these days of division of labour the nurse is engaged in private work, in executive work, in teaching in hospitals and schools of nursing, in child welfare, in community nursing, in any one of thirty branches of her profession. But in every one, the woman and not her work is judged first. Her speech is the most convenient index that the public has to her mentality, and it is essential that her written and spoken language shall bear inspection. Accuracy in arithmetic, a working knowledge of apothecaries' tables, the metric system of weights and measures, common fractions, elementary science, the elements of chemistry, knowledge of foods. These are stressed by superintendents of nurses as being the things which they feel the school should have given. These are the things that representative heads of training schools have all mentioned as basic for the successful prosecution of a course in the training school. Now, too, that nursing is interlocking so frequently with social service work in its various branches, history, civics and the other social science subjects are taking on a new importance.

The subjects listed above are given at the present moment in the technical high schools, both in the commercial and in the household arts branches, as fully and as effectively as in any other secondary high school. What can the student in such a school add to them to round out her year in an academic high school? We will take as example the outline of the certificate of credits required to be filled in by the prospective nurse in training in the Henry Ford Hospital in Detroit. That hospital is now linking up with the University of Michigan at Ann Arbor, and its graduates will be eligible to all the university work there offered to students who have completed the college entrance requirements. The candidate has to have certificates for fifteen units of credit. Ten of these may be made up from the English and Economic group, with the subjects listed as Composition and Rhetoric, History of American Literature, History of English Literature, Public Speaking, Grammar, Ancient History, English History, Civics, Economics, Sociology, and so on. Six credits may be made

up from the groups called Mathematics, Natural Science, Commercial, Industrial and Miscellaneous. In the Commercial, Industrial and Miscellaneous are Arithmetic, Bookkeeping, Geography, Cooking, Psychology, and so on. Girls in the Commercial or Household Arts courses in an Ontario technical high school could at the end of three years present as many units of credit as a girl who had completed three years in an academic high school. This system is more flexible than that prevailing in Ontario, but in view of the splendid service rendered by the hospital it represents, one would hesitate to question its efficiency.

What then would we conclude as to our subject, "The Technical School as a Preliminary to Hospital Training." That the studies pursued are suitable for the prospective nurse, that year for year the student is as far advanced in a technical high school as in an academic high school; that the hospitals, however, say high schools loosely for secondary schools and more often because of the newly-developed relationship between matriculation and courses in public health nursing and in B.S. in Nursing degrees, that the subject of Latin might very well be dispensed with in a matriculation leading to any course in nursing and be replaced by cookery and nutrition; that changes must be initiated from the side of the schools, and that the schools should co-operate with the nursing bodies who have already grappled with the subject without any assistance from the schools.

McGill University, Montreal: The following nurses who attended the School for Graduate Nurses, McGill University, 1927-1928, recently were awarded certificates or diplomas:

Certificate in Public Health Nursing: Florence Belle Laite, Britannia, Nfld.; Elizabeth Mary Robertson, Montreal, P.Q.; Marjorie Evelyn Stevens, Cochrane, Ont.; Rose Mary Catherine Tansey, Montreal, P.Q.

Certificate in Administration in Schools of Nursing: Mary Elizabeth Adair Acland, Ottawa, Ont.; Rahno Maty Beamish, Toronto, Ont.; Mary Forster Bliss, Montreal, P.Q.; Rose Magid, Montreal, P.Q.; Elsie Caroline Ogilvie, Lakefield, Ont.; Margaret Mabel Elder Orr, Clarkson, Ont.; Mabel Sharpe, Toronto, Ont.; Inez Ellen Welling, Shediac Cape, N.B.

Diploma in Nursing Education: Marion Isabel Clark, Halifax, N.S.; Elinor Matilda Palliser, Montreal, P.Q.; Margaret Estabrooks Pringle, Stanley, N.B.; Edith Grace Young, Carleton Place, Ont.

Certificate in Teaching in Schools of Nursing: Loretta Charland, Montreal, P.Q.; Nettie Douglas Fidler, Toronto, Ont.; Norena Sarah Mackenzie, Montreal, P.Q.; Lillian Isobel Morton, Proton Station, Ont.; Marie Louise Clara Preston, Stratford, Ont.; Gladys Martha Sharpe, Toronto.

(Continued from page 358)

fore bladder stones, and kidney stones formed last of all. The urinary calculi were composed of carbonates; the bile-duct calculi of cholesterol with an abundance of calcium salts and pigment.

Fujimaki contents himself with a simple statement relative to the results of his experiments, and suggests no clinical application. Such admirable restraint should perhaps be emulated, but when one gives thought to other revelations in respect of the seeming importance of the vitamins in metabolism, one feels that this work of Fujimaki may be but the prelude to further investigation which may be productive of a practical means of preventing calculus formation in man, and possibly of successful non-surgical treatment of sufferers from all three forms of calculi.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

What Our Pre-natal Work Should be

From the viewpoint of a Public Health Nursing Association giving bedside care in a large city.

By ETHEL GREENWOOD, Victorian Order of Nurses, Toronto.

The nurses of the Toronto branch of the Victorian Order of Nurses have been visiting in the homes of expectant mothers for nearly fifteen years. At the Central Office of the National Organization at Ottawa, the annual reports of different branches throughout Canada from 1899 to 1925 are bound together and make a very interesting historical study. Here, in 1915, we find the first mention, in annual report from Toronto, of pre-natal visits as a special classification.

Perhaps, looking back to the early days of this type of visit, the older nurses remember it as a friendly visit to the future patient, to discuss with her plans and preparations for her home confinement and after care, while inquiring as to her health and observing unfavourable symptoms.

With the development of public health nursing in all its branches, the bedside nurse finds herself assuming a dual role: serving in the preventive as well as in the curative field. As a teacher of health, she finds an invaluable opportunity with the pre-natal patient.

So, through the years, the content of the visit has increased to include, in addition to stressing the importance of early medical supervision and urinalysis, instruction along the following lines:

(1) Elimination of body waste and the value of water and certain types of food as an aid to such elimination.

(2) Exercise, rest and sleep.

(3) Suitable clothing, avoiding high heels, and tight round garters.

(4) Nutrition: certain types of food in their relation to establishment of breast milk and to preservation of the mother's teeth and in relation to the development of the baby's teeth and bone tissue.

(5) Adequate preparation of supplies for confinement.

One would naturally suppose that as the value to the patients of these visits increased, their demand for them at an earlier period of pregnancy would increase in proportion.

Wishing to count the gains, by estimating the average time of reporting, a study of histories of patients attended at confinement in 1926 was made.

It was found that of 2,091 confinements attended, 87 infants were still-born. Of these 87 still-births, 37 occurred between July 1st and December 31st. Taking 37 cases as the basis of study the following information was obtained:—

Four were visited at the 6th month of pregnancy.

Twelve were visited at the 7th month of pregnancy.

Sixteen were visited from the 8th to 8½ month of pregnancy.

Five did not call the Order until labour was in progress.

The average number of visits made per patient, two.

We would like the pre-natal patients, who numbered 2,614 during 1926, to request us to visit them as early as the third or fourth month. Perhaps too much is expected in return for the time, energy and money expended in this work in the last few years. A visit today occupies forty to sixty minutes of a nurse's time and costs 90 cents.

It is believed, however, that though earlier reporting would re-

sult in increasing the number of pre-natal visits per month, it would not involve a much greater expenditure of time and consequent increase in cost.

Is it not reasonable to assume that if two visits of from forty to sixty minutes' duration are required to give certain instructions, the time could be reduced to twenty or thirty minutes per visit if four or six visits could be made?

But if the average number of visits to 37 patients was two, the problem in our pre-natal work is late reporting. Faced with the above figures, which convince us the demand for visits at an earlier period of pregnancy has **not** perceptibly increased, we can only suppose the teaching is not sufficiently impressive. Why do not patients notify us early in a succeeding pregnancy or tell their friends and neighbours to call us early? Our nurses are not all teachers, of course, but one ventures to say each one is preaching the gospel of early advice from doctor and nurse.

The study also reveals the fact that the pre-natal patient delays in consulting her doctor, as some of them had not yet visited a doctor and no urinalysis had been made in ten cases when first visited.

Viewing these still-births as tragedies some of which might possibly have been prevented, we might ask: How could our nurse, if given an opportunity to visit earlier, have assisted in preventing them? She could at least have urged the patient to consult a doctor, if she had not already done so, or go to a clinic, if she was complaining of unfavourable symptoms.

How many women put off telling the doctor of headaches, swelling of the limbs, shortness of breath, etc.? because they think them just a few more of the trials of a thoroughly uncomfortable time. On the other hand, the woman who feels well sees no reason for making regular visits to the doctor's office, and she may be wrongly advised by a mother who "had four of her nine without a doctor or a nurse."

Are we afraid to warn them of the dangers of confinement if unfavourable symptoms are neglected?

Do we not sometimes weaken our chance of persuading her to go to her doctor by minimizing the danger lest we make her nervous?

In studying the problem of why these women do not call the nurse earlier we have:

(1) The woman who is calling us for the first time.

(2) The woman who had us the last time.

(3) The old friend of the Branch who has had us for all her babies.

In the case of No. 1, perhaps she intended all along to have "the Victorians," but evidently it had not occured to her to have "the early Victorians"! She did not know we made no charge for these visits before confinement. She did not go to her doctor till just last week and he had said he would notify the nurse.

We cannot hold ourselves to blame for any of these reasons, but if she says, "My friend has always had you and she told me to call you." then we realize that her friend could not have been sufficiently impressed with the value of the instruction we gave her to advise someone else to take advantage of it as early as possible.

In the case of No. 2, this is perhaps the woman who says she knew we were busy and did not call us before because she "knew what to get ready like we showed her before." Then we realize that the only thing we "put across" to this woman when we visited her before was the preparation of supplies which we could show her with our hands by demonstration.

In trying to leave with her any idea that we could help her by in-

structions as to the importance of diet in the development of a healthy infant, we had failed. Sometimes we find to our joy that she remembers and is trying to follow the advice as to the hygiene of pregnancy given when we cared for her previously.

Perhaps she says she had not intended to have us at all this time because she wanted someone who would stay all day and do the house work. She had engaged a "chemical nurse" who had disappointed her and she had been obliged to call us at the last minute.

In the case of No. 3, her reason for not calling us earlier is often because she is avoiding questions of her elder children as to why we are coming to see her.

This is our opportunity to make a few suggestions as to taking them into her confidence in the matter. The subject of education of her children in sex-hygiene is a difficult one, and while she has avoided it they have probably formed their own opinions.

She saw no reason for calling us except in time to "make an engagement," and **she** of course knew what to get ready. She knows a great deal more about child bearing than we do, and as to diet, when we tell her the story of the small beginnings of baby teeth at the fifth foetal month, she just thinks it is one of our "newfangled notions."

Certainly we can do our best educational work amongst pre-natals with the primipara, but many a primipara has a mother or a grandmother who spoils our opportunity. And the primiparas do not give us an opportunity to begin at the beginning—14 primiparas out of 37 reported to us during and after the sixth month.

So in considering what our pre-natal work should be from the point of view of the bedside nurse, we have first to consider how we can make contact with the pre-natal patient early enough to make it worth while.

Because, discouraged though we may be at the slowness of our progress, we do believe it is worth while. Do not let us admit failure or say that because the seed we have tried to sow has not yielded a bumper crop the seed is no good or the ground not ready. Let us rather say, "have we sown the seed aright?"

According to our figures, which show so little opportunity for early seeding, we have not, and so we must think seriously what our pre-natal work **should** be.

In a recent visit to New York, I was fortunate enough to observe the work at Maternity Centre, where, whenever possible, they refuse care to pre-natals registering after the seventh month.

How would a modification of that plan work with us? Could we, as a beginning, when a patient telephones asking us to visit her, inquire as to her period of pregnancy, tell her she is very late in reporting, that we very much prefer to have had her earlier, but will make an exception. Surely she will tell her neighbours.

We have also the opportunity when giving post-partum care to a patient who has reported late to stress the hygiene of pregnancy in such a way that she may see the value of our supervision and plan for it at an early date the next time.

I visited with a nurse from Maternity Centre a patient to whom they had given care at her previous confinement and who this time had reported her condition at the second month and been visited monthly, which proves that their plan for encouraging early reporting does give results.

At all visits made in the home of the pre-natal by the nurses of Maternity Centre and Henry Street Settlement the blood pressure is taken and urinalysis done. The reason for urinalysis is explained in a simple way to the patient, her attention being drawn to the position of the urinometer when a test for specific gravity

is made. If it sinks low in the specimen glass she is congratulated because she is drinking sufficient water to make her urine weigh light, and if it stands high there is the opportunity to prove to her she must drink more water because her urine is too heavy, and to tell her what symptoms may develop if she does not. If our findings are abnormal, we can advise her to go at once to her doctor with a specimen, and telephone him why we are sending her.

She is impressed by this examination and by the taking of her blood pressure with the value of the nurse's visit. It gives the nurse an opportunity of basing her teaching on something concrete; it leaves with the patient a remembrance of something done for her, which may make her want the nurse earlier the next time. Perhaps it might even help towards a more co-operative spirit between members of the nursing and medical profession.

Could we some day, with our doctor's consent, do this in Toronto and leave in our patient's mind after our visit something more valuable than we have been able to do in the past?

I have not considered the subject of clinics in my paper, because it is not the policy of the Victorian Order in Toronto to duplicate any activity of the Health Department.

But our nurses find their chief difficulty in getting our patients to attend pre-natal clinics is their dread of a doctor's examination there.

While visiting at Maternity Centre, Henry Street, and East Harlem Nursing and Health Demonstration I spent happy and interesting hours at their mothers' clubs.

All these clubs are based on the same plan of teaching by demonstration and are conducted by the nurses without a doctor present.

The urine of each patient is tested; her temperature and blood pressure taken as she sits at the little table having an individual visit with one of the nurses.

At East Harlem Health Demonstration Mothers' Club the nutritionist does the urinalysis and has each patient sit with her while her specimen is being tested, talking with her on the subject of diet.

Then a talk, illustrated by demonstration, is given by a nurse who is giving a series of ten or fourteen talks to a group who are encouraged to attend the series. If the talk is on diet, fruit and vegetables are attractively displayed, and some special food which has been stressed, such as baked apple, is served as refreshments after the talk.

Would it not be easier for us to persuade our patients to come to such a type of clinic where we might meet them on certain days? Could it not be operated on a co-operative plan with other groups doing pre-natal work and pooling overhead expenses?

One of our staff nurses could not visit six or eight pre-natal patients in their homes in an afternoon, but she **could** give each one of six or eight patients who came to her at the club a complete visit, while saving herself the time and her organization the cost of going to their homes.

The visit to the home of the future patient, subject to interruption though it may be, is very necessary for the nurse giving bedside care, as it gives her an oportunity of observing facilities available in the home for the confinement and after care.

No, we would not wish to substitute for our home visit, with its valuable intimate contact and individual teaching, those mothers' clubs, with their group teaching and demonstration, but we would welcome two teaching opportunities instead of one.

To achieve our ideal for pre-natal work we would strive towards:

(1) A home visit made sufficiently early in pregnancy to make our teaching by demonstration worth while;

(2) A mothers' club or conference to round out the home visit and strengthen, by reiteration, its teaching.

Surely we might hope for future results, even for the accomplishment of our dream: every year increasing numbers of stronger growing babies, and healthier, happier mothers counted to our credit because we are doing better pre-natal work than in the past.

Book Reviews

An Outline of Materia Medica and Special Therapeutics, by Sister M. Domitilla, B.S., R.N. Published by McAinsh & Company, Limited, Toronto. Price, $1.50.

This publication gives us something quite new in the study of this subject. As the preface points out, "it is not intended to take the place of a text book, but to facilitate the task of the student in mastering her subject with the aid of a basic text, works of reference, laboratory exercises and practical experience."

Parts I and II deal with elementary materia medica as taught in the preliminary period. The practical problems presented would be very helpful to the student for drill purposes as well as the correlated laboratory work. The tabulated forms with spaces for writing up the essential points to be kept in mind when studying a drug gives opportunity for thought, with the pleasure of helping to "make a book"—both of which should act as a stimulus. In the more advanced study of materia medica this part of the outline could be used by the student in the project method for the report of the selected drug.

Part III is a brief outline of suggested points in special therapeutics, such as vaccine, radium, x-ray, etc.

On the whole the outline cannot fail to meet with the approval of those engaged in the teaching of materia medica.

—Annie F. Lawrie.

Infectious Diseases and Aseptic Nursing, by D. L. Richardson, M.D. Published by McAinsh & Company, Limited, Toronto. Price, $1.50.

This is a good text book on the nursing of infectious diseases, particularly for junior nurses, as it states concisely many important points from the pupil nurse's standpoint. The chapter on the care of infectious diseases in the home is particularly helpful as that phase of nursing is rarely considered in medical books dealing with communicable diseases. The chapter on administrative technique is to the point and easy to follow. The book is small enough to take its place as part of a nurse's equipment and would be found particularly useful to a nurse with limited experience in the nursing of contagious diseases.

A Text Book of Medicine, by A. S. Blumgarten, M.D., F.A.C.P. Published by the Macmillan Company of Canada, Toronto. Price, $3.25.

An orderly arrangement of subject matter, with frequent repetition of important points, is essential to the readiness with which the mind grasps any subject. Such an arrangement is found and is an outstanding characteristic of this work. Following a well arranged introduction to the study of medicine are fifteen chapters on infectious and allergic diseases, making Part I of the book. The diseases are grouped in chapters on infections found in certain parts of the body. Each disease is considered under the headings: cause, symptoms, complications, and treatment of symptoms and complications.

Part II contains sixteen chapters dealing with the diseases of the organs and the systems. Each chapter contains an opening synopsis of the anatomy and physiology of the organ or organs to which the diseases are related. This is followed by a description of the disease under the headings: cause, pathology, symptoms and treatment.

This text book could be well used by instructors in the classes accompanying the doctor's lectures in medicine. The frequently repeated and detailed explanations and the easy style in which it is written admirably fit it to meet the needs of pupil nurses. The inclusion of a few more coloured plates, such as the one illustrating a case of scarlet fever and measles, would enhance its value.

—Winnie L. Chute, B.A.

Artificial Sunlight: Its Use and Application, by Myrtle Vaughan Cowell, S.R.N.; illustrated. Published by The H. Edgar Smithers Publishing Company, 139 High Holborn, London, W.C. 1 (England). Price 2s. net.

Nursing History, from the Earliest Days to the Present Time, by Minnie Goodnow, R.N. New (4th) edition; illustrated. Published by W. B. Saunders Company, London (England), and Philadelphia (Mass.); Canadian agents: McAinsh & Company, Ltd., Toronto. Price, $3.00.

News Notes

ALBERTA

CALGARY: Miss H. Whale, of the Calgary General Hospital staff, has left for a three-months' vacation in England.

Miss K. Milligan has joined the staff of the Rolland M. Roswell Hospital, Vegreville.

Miss B. Brown (Saskatoon General Hospital) has been appointed matron of the new municipal hospital at Wayne. The hospital is well-equipped and modern and was erected at a cost of $18,000. It was officially opened on June 4th.

Mrs. Orpha Park has resigned from the staff of Central Alberta Sanitarium, Keith, and has joined the Victorian Order of Nurses in Calgary.

Miss Ash, superintendent, Calgary Branch, V.O.N., is spending her vacation in Banff and Southern Alberta.

EDMONTON: Miss Murray, instructor of nurses, University Hospital, has resigned her position and left on June 1st for Nova Scotia, where she will be married at the end of the month. Miss Murray has been succeeded by Miss Agnes McLeod, B.A. (University Hospital, 1927), formerly instructor of nurses at Lamont Public Hospital.

Miss E. Robinson left on June 7th for an extended trip to Europe.

Miss S. C. Christensen (Royal Alexandra Hospital, 1924), has accepted a position on the City Health Department staff.

Miss Munro, superintendent of nurses, Royal Alexandra Hospital, is spending her vacation in the East, visiting Montreal, New York and other points. She will attend the Biennial Meeting, Canadian Nurses Association, in Winnipeg, on her way back.

The members of the Edmonton Graduate Nurses Association extend their deep sympathy to Miss Elizabeth Clark in the loss of her mother.

MEDICINE HAT: Miss Henderson (Montreal General Hospital) has joined the staff of Medicine Hat General Hospital.

Miss Mary Murray, assistant superintendent of Medicine Hat General Hospital, is visiting in Calgary and Banff during her vacation.

Miss Coursey has returned from vacation in Ontario.

Miss Maud Davidson, public health nurse of Milo, was the guest of Mrs. J. Hargrave for a few days.

Miss Irene Cook is visiting her parents in Medicine Hat and in September will return to California.

The nurses are preparing for the annual garden party of the Association, to be held about June 15th.

LAMONT: At the graduation exercises of the Lamont Public Hospital held on June 4th nine nurses received their diplomas. Of this number, two were of Japanese descent, one born in Japan and the other in Victoria. Miss Grace Oyama was awarded the gold medal for general proficiency, presented by the faculty. Other prizes awarded were: silver medal, presented by the faculty and won by Miss Evelyn Taylor; Elizabeth Young memorial prize, presented by Dr. M. A. R. Young, for the highest marks obtained during the three years, won by Miss Vera Boyd; five dollar gold piece, presented by Miss F. E. Walsh, for the second highest class standing during the three years, won by Miss Estella Beckwith. In the afternoon a reception was held in honour of the graduating class, the hostesses being local graduate nurses and wives of the resident doctors. At 8 o'clock a short dedication service was held in the hospital, when the new wing, recently completed, was formally dedicated.

Miss Agnes J. Macleod, B.A., who has been instructor during the past year in the Lamont Public Hospital, has resigned to accept a similar position in the University of Alberta Hospital. Miss Macleod obtained her B.Sc. in Nursing at the University of Alberta in 1927.

Miss Mary C. McCallum, L.P.H. 1922, and Miss Augusta Riske, L.P.H. 1923, are at present in the Peace River District, in connection with the Travelling Clinic of the Public Health Department.

BRITISH COLUMBIA

VICTORIA: Members of the 1928 Class of the Jubilee Hospital Training School, together with Miss Mitchell, director of nursing, and Miss Gregory-Allen, were the guests of honour at a dinner given by the Alumnae recently at the James Bay Hotel, seventy guests sitting down at the prettily decorated tables. Mrs. Chambers, president of the Alumnae, was in the chair. After honouring the toasts to the King and "Absent Members" telegrams of greeting and regret at their unavoidable absence were received from a number of members, including Miss Jessie Mackenzie, who sent her good wishes to the gathering. Miss Legge-Willis proposed the toast to the 1928 class, Miss Oliver, class president, responding. Miss Ross, the senior of the class, proposed the toast to the Alumnae Association, Mrs. L. S. V. York replying. Mrs. Chambers gave the toast to "Our Alma Mater," to which Miss Gregory-Allen responded in the absence through indisposition of Mrs. Bullock-Webster.

At the conclusion of the dinner the party was supplemented by a number of additional guests, and music and dancing enjoyed, thus rounding out a delightful evening.

At the annual meeting of the Jubilee Hospital Alumnae, which was held on Monday, March 12th, it was unanimously decided to work for the building up of the Sick Nurses' Fund, which was started last year

and to which seventy-five per cent of the dues are applied. One member has been assisted during the past year.

ST. JOSEPH'S HOSPITAL, VICTORIA: Miss Ursula Whitehead (1924), formerly matron at the General Hospital, Quesnel, Cariboo, is now night supervisor at the Royal Jubilee Hospital, Victoria.

Misses V. Salmon (1927), and M. Ringslow (1926), are on staff duty in Santa Marie, California.

Miss K. Townsend (1927), and Miss Dell (1927), are members of the nursing staff of Tranquille Sanatorium.

Miss B. Hare (1927), is on staff duty at St. Mary's Hospital, Dawson.

Miss B. A. Graham (1923), has taken duty in Dr. M. J. Key's office, Victoria.

MANITOBA

The following Training Schools for Nurses held their Graduation Exercises recently: General Hospital, Winnipeg; Misericordia Hospital; St. Boniface Hospital; Children's Hospital, Winnipeg; General Hospital, Brandon; Victoria Hospital, Winnipeg; General Hospital, Virden, and General Hospital, Portage la Prairie.

GENERAL HOSPITAL, WINNIPEG: The Alumnae entertained the members of the 1928 Graduating Class at a musicale and reception in the Nurses Home on May 22nd. The Alumnae welcomed the ninety-six new members of this class to their ranks.

A tea in honour of Miss C. deN. Fraser (1906) was held at the home of Mrs. Langille on June 9th, classmates of Miss Fraser assisting the hostess. Miss Fraser was presented with a writing case, in appreciation of her service as Editor of the "Alumnae Journal" for many years. Miss Fraser is to leave for the Old Country soon, where she will make her home in future.

Miss E. Russell, 1916, motored to points in Minnesota the latter part of May.

Miss A. Armstrong, 1916, of Rochester, Minn., has been visiting friends in Winnipeg.

Mrs. D. Basford (nee Menagh, 1916), with her husband and children, is spending the summer months in England and Ireland.

Miss L. Newcombe, 1911, of St. Luke's Hospital, Duluth, visited friends in the city in May.

Mrs. Purdy (nee O. Patrick), of Kingston, Ont., Mrs. M. Scott (nee M. Metherall), of Speers, Sask., and Miss R. Caldwell, of Unity, Sask., all members of the Class of 1920, visited the city during the past month.

Miss Evelyn Thompson, 1925, is relieving on the staff of the Bureau of Child Hygiene during the summer months.

Mr. and Mrs. David Owen (nee Marion Bain, 1925), have left to spend a year in the Old Country.

GENERAL HOSPITAL, BRANDON: The graduation exercises of the Class of 1928, Brandon General Hospital, were held on May 17th. Principal McKay, of Manitoba College, addressed the graduates, nineteen in number; Mr. R. Darrach, president of the hospital board, presented the diplomas, and Miss C. Macleod the pins. Each graduate was the recipient of a beautiful bouquet of flowers. Medals and prizes were awarded as follows: General proficiency, Misses A. Bennett and M. Brigham (tied); gold medal, Miss E. Mains, who also won the Eye, Ear, Nose and Throat prize presented by Dr. O. H. McDiarmid and the Oral and Practical prize given by Dr. Bigelow; silver medal, Miss Gudmundson; Dr. Edmison's prize for Obstetrics, Miss R. Fletcher; Dr. H. S. Sharpe's prize for Pediatrics, second year, Miss A. Poole; Dr. Templeton's prize for First Aid and Dr. Beers' in Gynaecology, Miss F. Turnbull; Dr. Elliott's prize for Highest Standing, first year, Miss E. Potter; Highest Standing in second year, Miss E. Bright. Following the exercises a reception was held in the Nurses' Home.

Miss Christina McDonald (Brandon General Hospital, 1927) has accepted the position of matron of Virden Hospital.

MENTAL HOSPITAL, BRANDON: On May 30th, 1928, the annual graduation exercises of the training school took place in the Assembly Hall of the Hospital. Eleven nurses received their diplomas in mental nursing from the Hon. E. W. Montgomery, M.D., provincial Minister of Health. Miss C. Lynch, superintendent of the hospital, presented the pins and various prizes in mental nursing. Miss Belle A. Stewart received the prize for highest standing in the Graduating Class, Miss McKenzie second. The prize for First Aid was awarded to Miss McLeod; in the Junior Class Miss M. Smith won the first prize and Miss F. Winthrop the second. The exercises were followed by a reception at the Nurses' Home, and dancing completed a most enjoyable function.

NEW BRUNSWICK

SOLDIERS MEMORIAL HOSPITAL, CAMPBELLTON: On the evening of June 15th the graduation exercises were held in the new High School Auditorium. Six nurses received their pins and diplomas. The exercises were followed by a reception. The hospital was opened and training school established in 1922. The Class of 1928 is the largest number of nurses to graduate since then.

MONCTON: The graduation exercises, Moncton City Hospital, took place on May 12th, in the Assembly Hall, Aberdeen School. Mr. A. C. Chapman, president of the Moncton Hospital Board, was in the chair, and presented the diplomas to the eleven members of the graduating class, while the medals were pinned on by Miss A. J. MacMaster, superintendent of the hospital. The principal speaker of the evening was Dr. H. A. Farris, of the County Hospital, St. John. Miss Florence Breau, valedictorian, was the winner of the following prizes: Ladies Hospital Aid, 1st prize, $5.00 in gold; Norman Sinclair Prize for highest marks in obstetrics, $20.00 in gold; N.B. R.N.A., Moncton Chapter, for highest general aver-

age throughout the three years course; Dr. Lyons' prize of $5.00 in gold for best paper on bacteriology, anaesthetics and urinalysis in third year examinations; President Chapman's prize for deportment through out the three years course, $20.00 in gold, ¼ of the award. Miss Alice Newcombe won the Ladies Hospital Aid, 2nd prize, ½ Dr. Kirby's prize of $10.00 in gold, for best papers on anatomy in the senior division, and ¼ of President Chapman's award of $20.00. Miss Leonara Fleming won Dr. Ferguson's prize, a text book, for highest points in gynaecology examinations; Miss Elna Ryan, Dr. Ferguson's prize for highest points in practice and theory of junior bandaging; Misses Grace Ward and Margaret MacCallum, ¼ each of President Chapman's prize of $20.00. Miss MacCallum also won ½ of Dr. Kirby's prize of $10.00 in gold for best papers on anatomy in the senior division.

Following the graduation exercises the class was entertained at a most enjoyable supper dance given by the Moncton Branch of the New Brunswick R.N.A.

SAINT JOHN: At the May meeting of the Saint John Chapter, Registered Nurses Association of New Brunswick, Dr. W. E. Rowley gave an interesting talk on Food in Health and Disease. The meeting was the last of the season and Miss E. J. Mitchell (president) was in the chair. Miss Agnes Sutherland was appointed official delegate to the annual meeting of the provincial chapter in St. Stephen on June 19 and 20.

GENERAL PUBLIC HOSPITAL: Graduation exercises, Class 1928, were held on May 17th, fourteen nurses receiving their diplomas. Prizes were awarded to: Miss Vella V. Hoyt, offered by Miss Ella McGaffigan for highest standing; Miss Clara G. Montgomery, the Alumnae prize as the student exerting the best influence; Miss Clara M. Nixon the prize offered by Miss Margaret A. Stewart for the highest marks in dietetics. Miss Vella V. Hoyt gave an admirably expressed and clever valedictory. Dr. J. L. Biggar, chief commissioner of the Canadian Red Cross Society, was present and briefly addressed the assembly. The programme included delightful vocal and instrumental solos and orchestra selections. Following the programme refreshments were served, and a dance held for the nurses.

The banquet tendered by the Alumnae to the members of the 1928 graduating class was greatly enjoyed. About fifty nurses were present and Miss A. McGrath was chairman. By special request Miss V. V. Hoyt read again the valedictory she had read at the graduation exercises. The valedictory was considered one of the best ever given at a General Public Hospital nurses' graduation.

Much sympathy is extended to Mrs. Munro and Mrs. Vaughan in their recent sad bereavement.

Misses Eva Smith and Inez Whipple have returned from their trip abroad.

Mrs. Dakin (Maida Hoyt), of Portland, Me., spent a few days in Saint John recently.

Much sympathy is extended to Miss Alice Gilfoil in the death of her sister recently.

Mrs. Samson (Elizabeth Brittain, 1915), is visiting in Saint John.

Mrs. John W. Sanderson (Gertrude Wilson, 1912), has returned to her home in Prince Albert after a month's visit to her mother.

ST. STEPHEN: The graduation exercises of the 1928 Class, Chipman Memorial Hospital, were held on May 25th, Mr. J. L. Haley, president of the hospital board, presiding. The following nurses received their diplomas and pins: Irene Sherrard, Agnes McCrae, Frances Maxwell, Grace Mowatt and Maxine Johnston. The Minister of Public Health for New Brunswick (Dr. H. I. Taylor) addressed the nurses and presented each member of the class with a beautifully bound copy of the Life of Florence Nightingale. The Richardson prizes in the Intermediate Class were won by Misses K. MacEachern and J. Sansom. At the close of the exercises a reception was held at the Nurses' Home. On May 28th the Alumnae entertained the Class most delightfully at a banquet.

Miss Clara M. Boyd has resigned her position as superintendent, after three years' service, to take a much-needed rest.

Miss Bessie Banfill, night supervisor, has resigned her position to take up work on the Labrador coast.

Miss Annie Spinney is taking a special course in physio-therapy at the Harvard Medical School, Boston.

A pleasing incident took place recently when Miss Boyd, on behalf of the Local Chapter and of the Alumnae, presented Miss Irene Sherrard, 1928, with $10.00 in gold in recognition of her having led the province in the recent examination for registration.

Miss Nellie Spinney has returned to Fort Fairfield, Me.

NOVA SCOTIA

HALIFAX: The annual meeting of the Halifax Branch of the R.N.A. of Nova Scotia was held on May 15th, at the Dalhousie Public Health Clinic. Much routine business was transacted and officers elected for the ensuing period. The business session was followed by a very pleasant social hour. A reading by Dr. Hazel Thompson was much enjoyed by all. Refreshments were served to about thirty members.

National Hospital Day, May 12th, was fittingly observed by the hospitals throughout the province. The Highland View Hospital, Amherst, included a baby show; all babies born in the hospital since January 1st, 1925, were privileged to attend. Afternoon tea was served to all visitors, and souvenirs and special treats provided for the babies.

The members of the Graduating Class, 1928, of the New Waterford General Hospital are: Misses Carola Holm, Jennie Casey, Sadie MacNeil, Helen Boucher, and Veronica MacNeil.

Miss Kathleen Moor, of Halifax, graduated in May, 1928, from the Rhode Island Hospital Training School for Nurses, Providence, R.I.

Miss Helen Mont has returned to Halifax after spending the past two months in Vancouver, B.C.

The engagement of Miss Burns Ross (Royal Victoria Hospital, Montreal) to Douglas F. Reed, of Sherbrooke, P.Q., is announced.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in June, 1928, were 1,119, 43 less than previous month.

Appointments

Miss Arlie McMillan (Toronto General Hospital, 1927) in is charge of the Labour Room, 5th Floor, Private Patients' Pavilion, Toronto General Hospital.

Miss A. Gamble (Toronto General Hospital, 1910), who has been in charge of the Red Cross Hospital at New Liskeard, is going to Woman Lake to organize a small Outpost there.

Miss Marjorie Hall (Toronto General Hospital, 1923), is in charge of the Red Cross Hospital at New Liskeard.

Miss Helen O'Meara (St. Michael's Hospital, Toronto) has accepted an appointment with the V.O.N. in Ottawa.

District 5

General Hospital, Toronto: The graduation exercises in honour of the 46th class—the Class of 1928—were held in Convocation Hall, University of Toronto, on May 25th. The opening invocation was given by the Rev. Dr. Roland Macleod, and Sir Jospeh Flavelle addressed the Class. The school pins and diplomas were distributed by Miss Blackwell. The scholarships and prizes were presented by the donors and awarded as follows:

Miss Eugenie M. Stewart, of Class 1926, Toronto, was the winner of the scholarship for one year's post-graduate work in the University of Toronto for a course in teaching and administration in schools for nurses, presented by the board of trustees, assisted by Mr. C. S. Blackwell. The scholarships for one year's post-graduate work in the department of Public Health Nursing at the University of Toronto given by the board of trustees, assisted by Sir Joseph Flavelle and the Hon. P. C. Larkin, went to Miss F. Pauline Steeves of Hillsboro, N.B., and Miss Margaret Henderson of Scarboro Bluffs. Miss Henderson was also winner of the Dr. K. C. McIlwraith prize for Obstetrical Nursing.

Miss Winnifred Marion McCunn, of Oxford, N.S., won the general proficiency prize and the prize for highest standing in practical work given by the graduate nurse staff of the school for nurses.

The Dr. Geo. A. Bingham Memorial Scholarship for proficiency in operating-room technique went to Miss Claire McConnell of Toronto. The Gertrude O'Hara prize for efficiency in bedside nursing was awarded to Miss Lillian M. Wilson of Toronto. Miss Helen K. Jackson of Whitby, won the prize for second highest standing in practical work given by Mr. W. T. Kernahan, while the prize for highest standing in examinations given by Mrs. R. B. Hamilton went to Miss Dorothy May Patrick of Melville, Sask.

The general proficiency prize in the Intermediate year, given by the Alumnae Association of the school for nurses was awarded to Miss E. Maurine Vick, and the highest prize for the standing in theory given by the officers of the school for nurses, to Miss Evelyn M. MacLaurin of Belleville.

Following the graduation exercises a reception was held at the Nurses' Residence.

A very delightful reunion dinner in honour of the Graduating Class of 1928 was given by the Alumnae on May 15th, and attended by about 250 graduates. Graduates were seated in "years," the tables ranging from 1890. One of the evening's pictures was snowy-haired Miss Snively addressing the young graduates. In voicing her thanks for gifts made to her the speaker said Miss Gunn had remarked they were "a labour of love". "You all know the old hunger for love, more than bread," said Miss Snively, who declared that she believed the greatest thing in the world was love and that it was the greatest need of the world today. She bade the graduates abstain from bitterness and cultivate love if they would be happy. Miss Gunn paid tribute to Miss Snively in her reply to the toast to "The School," and declared it owed its success to the sound foundation laid by her. Miss Gunn appealed for Canadian nurses to support fully next year's great International Congress of Nurses in Montreal. Greetings were received from Miss Robina Stewart, the school's second superintendent, who regretted that absence in California prevented her presence. Miss Elsie Hickey was the convener of the dinner.

The June meeting of the Alumnae was held in the Nurses' Residence on June 6th. Ways and means of raising money for the International Congress next year were discussed. It was decided to hold a theatre night early in the fall.

The many friends of Miss E. Kathleen Russell, director, Department of Public Health Nursing, University of Toronto, will be very pleased to learn that she is convalescing satisfactorily in the Presbyterian Hospital, New York, following a recent operation.

Mrs. Aubin was the hostess at a most enjoyable tea which was given for Mrs. More on April 18th. Miss Snively made the presentation of a tray and tea service from the Sick Benefit members, who wished to show their appreciation to Mrs. More for her interest taken in closing the affairs of the Sick Benefit Fund.

Miss Elva Shaver (1926) is in charge of the Emergency Operating Room during Miss Helen Collings' leave of absence.

Miss Eudora Watson (1923) has gone to the Western Provinces for the summer.

GRACE HOSPITAL, TORONTO: The joint graduation exercises of Grace and Toronto Western Hospitals were held in Convocation Hall on June 5th. The following is a list of names of the Class of 1928, Grace Hospital: Misses Annie M. C. Cameron, M. G. Bernice Million, M. Stella Wickett, H. Isabel Barons, Mrs. Edith B. Lough, Misses Jean L. Fox, Alice M. Thomson, Esther McComb, C. Louise Robinson, Irene M. Gilbert, Elsie M. Wood, Hazel L. Reid, Margaret A. Dean. The following prizes were presented: gold medal for highest standing in final examinations, won by Miss Wood; silver medal for second highest standing in final examinations, by Miss Barons; proficiency in bedside nursing, Miss Reid; the Van der Smissen medal for general proficiency, Miss Gilbert; the Mary A. Powell prize for operating-room technique, Miss Gilbert; Mrs. R. B. Hamilton's prize for neatness, Miss Fox; prizes for highest standing in first and second year examinations were presented to N. L. McCormick and M. R. Anderson respectively.

Following the exercises a reception was held, at which Miss Rowan, superintendent of Grace Hospital, and Miss Ellis, superintendent of Toronto Western Hospital, assisted the graduates in receiving their many friends.

Miss Elsie Ogilvie, 1919, has successfully completed a year's course in administration in Schools of Nursing at McGill University, Montreal.

Miss Jean L. Fox, 1928, has been awarded the scholarship given by Mr. E. R. Wood, entitling her to one year's post-graduate work in the Department of Public Health Nursing at the University of Toronto.

ST. MICHAEL'S HOSPITAL, TORONTO: The thirty-fourth annual graduation exercises were held in Columbus Hall, June 4th, 1928. at 4 p.m. Most Rev. Neil McNeil, Archbishop of Toronto, presented diplomas and medals to the graduates. Miss Jean E. Browne, addressed the Class in a most interesting and inspiring manner. The following scholarships and prizes were awarded:

Scholarship for one year's post-graduate work in Public Health Nursing, given by the Women's Auxiliary of St. Michael's Hospital for the highest aggregate marks in examinations, won by Miss Grace Murphy, Cayuga, Ont.; presented by Mrs. Graham.

The Dr. Norman Allen prize, for the highest standing in the principles and practice of medical nursing, won by Miss Catherine Corrigan, Uxbridge, Ont.; presented by Dr. Julian Loudon.

The Dr. Gideon Silverthorn Prize, for proficiency in surgical nursing and operating-room technique, won by Miss Ruby Price, Caistorville, Ont.; presented by Dr. M. Cameron.

Prizes given by Dr. George Wilson, for neatness and proficiency in record-keeping: Senior Class, Miss Lorraine Archambault, Peterborough, Ont.; Intermediate Class, Miss Mildred Tossey, Toronto; Junior Class, Miss Catherine McAuliffe, Durham, Ont.; presented by Dr. Wilson.

Prizes given by the Alumnae Association, for the highest standing in the observance of the rules of the school of nursing: Senior Class, first prize, Miss Cecilia McDevitt, Albion, Ont.; second prize, Miss Laura Hinds, Toronto; Intermediate Class, Miss Cecilia McDevitt, Albion, Ont.; Junior Class, Miss Mona Comish, Toronto; presented by Mrs. Artkin and Miss McGurk.

Prize given by the Alumnae Association, for the best essay on "What Benefit Does a Training School Derive from its Alumnae Association," Miss Catherine Corrigan, Uxbridge, Ont.

The H. C. Scholfield Prize, for general proficiency, Miss Eva Godin, London, Ont.; presented by Mrs. Graham.

Prize given by Dr. D'Arcy Frawley, for the highest standing in obstetrical nursing, merited by the Misses Brown, Wilson, Oberer and Bolger, drawn for and awarded to Miss Grace Oberer, Kitchener, Ont.

Prizes given by F. J. Hughes, for loyalty in the school of nursing, Miss Grace Murphy, Cayuga, Ont.

The Corbett-Cowley Prize, for general neatness, Miss Audre Crowley, Toronto; presented by Dr. McKenzie.

Following the exercises a reception was held for the graduates and their friends. In the evening a jolly dance was given to the Class by the Women's Auxiliary of the hospital.

Very interesting reports of her trip abroad are being received by members of the Alumnae from Miss Margaret Kelman, who is now in Europe.

We regret to report the sudden death in May of Mrs. Wm. Wheldon (Dulcie Perry, 1924), in Buffalo, N.Y.

Congratulations to Mrs. F. J. Foy (Edna Overend) and Mrs. E. L. Gaither (Loy Barker) on the arrival of a daughter and son respectively.

WESTERN HOSPITAL, TORONTO: The joint graduation exercises of the Toronto Western Hospital and Grace Hospital were held in Convocation Hall on June 5th. Forty-two nurses graduated from the Western Hospital.

It is gratifying to note that two of the twelve special awards to Western Hospital nurses were scholarships for one year's post-graduate work in teaching and administration in schools for nurses at the University of Toronto. One of these was awarded by the Alumnae of the Toronto Western Hospital. A third scholarship was given by the Board of Governors for one year's post-graduate work, Department of Public Health Nursing, University of Toronto.

The Graduating Class was entertained by the Alumnae to a delightful dinner dance at Casa Loma on May 21st. Miss Marion Wylie, home on furlough from South America, attended the dinner. Miss Wylie returns to South America in the near future and will occupy the post of superintendent of nurses

in the hospital with which she has been associated for the past two years.

Miss Betty Matthews, 1927, was sent by the Alumnae as representative to the annual meeting of R.N.A.O. at Chatham.

Mrs. Fawns (Florence Gillespie, 1921) has returned to Toronto after a three-months' trip abroad.

Mrs. George Royce, 1921, recently returned from a trip to South America.

HOSPITAL FOR SICK CHILDREN, TORONTO: The second annual dinner of the Hospital for Sick Children Alumnae was held on June the 11th in the Nurses Residence, and was attended by a large number of the graduates old and new, the guests of honour being the outgoing class. The dinner was presided over by Mrs. Langford, the retiring president and Miss Hazel Hughes, the new president of the Alumnae: seated there also were Miss Panton, Mrs. Clutterbuck, Miss Gertrude Spanner, a welcome visitor from Los Angeles, Miss Austin and the other members of the executive. The toast to the King was proposed by Mrs. Langford, Mrs. Clutterbuck gave the toast to the "School" in a delightfully reminiscent way, she closed with a little affectionate tribute to Miss Potts, the former superintendent of the hospital, which was echoed by Miss Panton in her reply. Miss Gertrude Spanner (1914), whom everyone was glad to welcome back, gave the toast to the graduating class, which was responded to by the class president. A pleasant little interlude then took place, during which Mrs. Clutterbuck in an appreciative few words, presented a pretty table lamp to the retiring president, Mrs. Langford, as a tribute of affection and esteem from the Alumnae. After thanking the nurses for their gift, Mrs. Langford spoke of her pleasure in holding office and asked that the same hearty co-operation be given to the new president.

The outgoing class then added their most amusing contribution to the merriment of the evening, by the reading of a "last will and testament," in which their most prized hospital possessions were left to those whom they considered would most benefit from them. In all it was a successful and delightful dinner, and may it only be one link in a chain of many like reunions, where old friendships are renewed, and the spirit of loyalty and love for the school is fostered and kept green in the heart of each graduate.

The nurses at Lakeside this summer include Misses Mary Ingham (1916), in charge, Nellie Thompson (1928), night supervisor, Irish (1928), Oliphant (1925), Burton (1928), and Wilson (1928), in charge of the various wards.

The Alumnae is giving a garden party on September 12th, from 2 p.m. to 7 p.m., at 134 Lawton Blvd. The admission is 50 cents, and the tickets may be had from any member of the executive. It is to be hoped that every member of the Alumnae will be there.

OSHAWA: Mrs. M. A. Young, graduate of Oshawa General Hospital and School for Graduate Nurses, McGill University, has been appointed superintendent of the Moose Jaw General Hospital, Moose Jaw, Sask.

QUEBEC

HOMEOPATHIC HOSPITAL, MONTREAL: On Thursday evening, April 27th, a very enjoyable time was spent when Miss Edith Trench (1902) was presented with a utility shower for her hospital, which she intends opening in the near future. Miss Trench recently resigned her position as superintendent of the Women's Hospital, Montreal.

On May 16th the graduating class of 1928 held a very successful dance in the Nurses Home. Decorations were effectively carried out in the school colours, green, white and black, with balloons of various colours suspended from the arches. The guests numbered about one hundred, and were received by Dr. and Mrs. A. R. Griffith and Dr. and Mrs. G. S. Morgan.

ROYAL VICTORIA HOSPITAL, MONTREAL: Forty-one graduates of Class 1928, have successfully passed the registration examinations for the Province of Quebec.

The Misses Mary Bliss, Clara Preston, Marion Clarke and Janet Pringle have completed a year's post graduate course at the School for Graduate Nurses, McGill University, and received the certificate of the school.

Mrs. Stanley, president of the Alumnae, Miss Sharpe, instructor at the R.V.H., and Miss Hersey, president of the A.R.N.P.Q., will attend the biennial meeting of the Canadian Nurses Association in Winnipeg.

The Misses Barbara Campbell, Anne Bell, and Gertrude Godwin, are spending the summer in England and France.

Miss Mary Barnes, 1925, is assistant in the operating room in the New Pavilion, R.V.H.

Two very welcome visitors at the R.V.H. recently were Mrs. D. M. Caldwell (Etta Binning, 1921) and her small son, David.

GENERAL HOSPITAL, MONTREAL: The graduation exercises for the 1928 Class were held in the Nurses' Residence on June 6th, when 56 nurses received their diplomas and medals, presented by Mrs. A. E. Ogilvie. Miss Catherine Willard Mills and Miss Clarice Barraclough were awarded prizes presented by the board of management for general proficiency; and Miss Edna Grace Moore and Miss Marion F. Carveth received the Mildred Hope Forbes scholarships for the highest aggregate marks during the three years' course. Following the invocation offered by the Rev. D. V. Warner, the guests were welcomed by Lieut.-Col. Herbert Molson. The Class were entertained the same evening at a dance held in the Nurses' Residence.

A dinner was given in honour of the Graduating Class at Ritz Carlton Hotel by the Alumnae, June 5th. Miss Hurley, Director of Education of the School for Nursing at the Uni-

versity of Montreal, was the guest of honour. About two hundred were present and spent a very pleasant evening. On this occasion Miss Frances Reed, who is resigning as Director of Education at the M.G.H., was presented by the student nurses with a gold mounted mesh bag and travelling clock as tokens of remembrance of her six years on the teaching staff.

Misses Inez Welling (1923), Elizabeth Robertson (1923), Norena MacKenzie (1926), and Loreta Charland (1927), have graduated from the School for Graduate Nurses, McGill University. The two former are engaged in field work at the Royal Victoria Hospital for one month, a new system this year, carried out in different hospitals after graduating. Misses Robertson and MacKenzie, each taking first-class general standing, the former in Public Health and the latter in Teaching. Misses Welling and Charland, each taking second-class general standing, the former in Administration and the latter in Teaching. Misses Robertson, MacKenzie and Welling are all taking positions at the M.G.H., the first on the O.D. staff, the second as instructor, and the third in the office of the assistant superintendent. Miss Charland goes to Sherbrooke Hospital, Sherbrooke, P.Q., as instructor of nurses.

Those attending McGill University next year are: Misses Madeline Stewart Taylor (1924), Marian Sarah Myers (1926), Catherine Willard Mills (1928), and Mary Irene McQuade (1925), the three former taking the Mildred Hope Forbes scholarships in Public Health, Hospital Adminsitration, and Teaching in Schools of Nursing respectively, the latter the scholarship given by the M.G.H. board of management in Hospital Administration.

Prof. Moore, of McGill University, gave a very interesting lecture on "Narcotics," at the May meeting of the Alumnae.

Miss Alice Maud McLaren (1928), is engaged in Industrial Nursing, at La Tuque, P.Q.

Misses Hilda Little (1923) and Ida Heney (1924), spent the winter doing private duty nursing in Bermuda.

Miss E. M. Ahern (1926), sailed recently for London, England, to do nursing in a nursing home.

Miss Dorothy Shepherd (1928), has taken a position on the staff of the S.O.R., in the M.G.H.

The sympathy of the members is extended to Misses Kate M. Wilson and Ruth Hamilton, each in the loss of their sister.

Miss Birket Clark, who has been floor supervisor at New York Infirmary Hospital, during the past winter, is now holidaying in Montreal for the summer.

Miss Ethel Clark began her duties June 1st as night registrar at the Montreal Graduate Nurses' Club.

Miss E. V. Knollin (1926), spent the winter in Nassau, Bahamas, and has now returned to Montreal to do private duty nursing.

Misses Lolita Best and Vivian Hill (Class 1927), are engaged on floor duty at the Isolation Hospital, Ottawa.

Miss Anna Leonowens (1919), who has been engaged in private duty nursing for some time in New York City, has sailed for Europe to spend the summer.

Miss Ida Henderson (1924), who has been on the S.O.R. staff of the M.G.H. for the past three years, has accepted the position in charge of the operating room at Medicine Hat General Hospital, Medicine Hat, Alta.

A dance in honour of Miss Henderson before her departure was given by the nursing staff of M.G.H.

The engagement is announced of Miss Elizabeth Doris Judson (1927) to Dr. Harry Hammond Pierce. The marriage is to take place in August. A tea was given at the home of Miss M. C. Gilles in honour of Miss Judson, when a presentation was made by her class-mates of a sterling silver sandwich plate.

SHERBROOKE HOSPITAL: A regular meeting of the association was held at the home of Mrs. George MacKinnon on May 9th. As a means to make money Sunshine Bags were decided on and distributed to the members. Recently $30 was realized through a rummage sale and $14 from a food sale.

Miss Moffatt left recently to spend her holidays in Montreal and Toronto.

On July 22nd Mrs. George MacKinnon leaves with her three young daughters for an extended trip abroad.

Miss W. L. Chute, to the great regret of her many friends among the nurses—both graduate and undergraduate—has resigned her position as instructor in the Sherbrooke Hospital. She is taking a similar position at the Brantford General Hospital, duties to commence on August 1st.

SASKATCHEWAN

MOOSE JAW: The graduation exercises of the Training School for Nurses, Moose Jaw General Hospital, were held on Wednesday, May 16th, sixteen nurses receiving diplomas.

GENERAL HOSPITAL, REGINA: Miss E. Bowman has resigned her position as instructor of nurses at the General Hospital. Before leaving for her home in British Columbia she was presented with a wrist watch from the medical staff.

Miss Olive Waterman, late instructor of nurses, Memorial Hospital, St. Thomas, Ont., has accepted the position vacated by Miss Bowman, as instructor at the Regina General Hospital.

Sunday, May 20th, was set aside for the Nurses' Service in Carmichael Church. The nurses marched in a body, in the training school uniform, which proved to be very effective.

The graduation exercises took place on May 22nd at the Metropolitan Church, twenty-five nurses receiving their diplomas.

On May 23rd the graduates were entertained at a delightful tea given in their honour by Miss Sanderson, superintendent

of nurses. On the same day the board of governors entertained them at a dance in the City Hall. On the 21st they were entertained at a theatre party and luncheon by the Registered Nurses Association, and by the Alumnae at a banquet at the Hotel Saskatchewan on May 16th.

QUEEN VICTORIA HOSPITAL, YORKTON: Mrs. Margaret F. Myles, who commenced duty as superintendent of this hospital on May 1st, 1928, graduated from the training school of the hospital in 1919. In 1922 she took a public health course in England and gained her Central Midwives Board Certificate in 1923. In 1927 she completed three years' training at the Edinburgh Royal Infirmary (Scotland), leaving behind her a distinguished record, each year winning a first prize in some branch of nursing. In 1927 she gained further distinction by winning the Affleck medal and prize, awarded to the best nurse of the year.

C.A.M.N.S.

TORONTO OVERSEAS NURSES CLUB

It was a most enthusiastic gathering of nursing sisters, almost two hundred and fifty, who greeted Matron-in-Chief Macdonald at the third annual dinner of the Overseas Nurses Club of Toronto, held in the Crystal Ballroom of the King Edward Hotel on May 8th. From all points of Ontario they had come: Kingston, Hamilton, Guelph, London, Oshawa were well represented, and the gaily flower-bedecked tables were soon filled with old friends, many of whom had not met each other for years. At 7.30 the guests had assembled in the ballroom, and a few minutes later Miss Macdonald, amid great applause, took her place at the head table on the dais, with Miss Wilkinson, president of the Club, on her left and Miss Rayside on her right. Others seated there were Miss Pope, of Halifax, Miss Edith Campbell, Miss Hudel, Miss Hartley, Miss Cameron Smith, and Miss Greenwood, the toast-mistress of the evening. Universal regret was expressed by all when it was learned that owing to unavoidable reasons, Miss Smellie's chair would be vacant. She, however, sent a very delightful message to Miss Macdonald and the members of the Club, by lettergram, which was read later in the evening. Many had been the queries among the sisters as to why the centre table had been reserved, but as the signal to be seated was given, the orchestra broke into "Tipperary," and up through the ballroom to the dais bravely stepped ten relics of the great war led by a British Matron, in her ancient Q.A. uniform of 1914, with skirt discreetly to the ground, little red cape, and grey bonnet with strings under her chin. There were sisters in mess dress, breathing a little heavily (it was ten years or more since those buttons had met), sisters in blue, with immense veils and nice long aprons. There was one veteran in her original First Contingent coat just two inches off the ground, and with leg-of-mutton sleeves and a hat perched firmly on the back of her head. There was a smart young orderly with moveable whiskers, and a gay V.A.D. with a string of pearls: all were there to add their welcome to the Matron-in-Chief and to take her back in memory to the days when she guided their destinies with firm but tactful hand. Amid great laughter they took their places at the vacant table, and the chief remark during the entire evening from the others was, "Don't tell us we ever looked like that". The sisters in question were Miss Pat Tucket, the convener of the Entertainment Committee, Mrs. Robson (N/S Daldlesh), Mrs. Shields (N/S Oatman), Mrs. Hewitt (N/S Dow), Mrs. Hart (N/S Creighton), Mrs. Noble Sharpe (N/S Cummings), Mrs. Ronaldson (N.S Hammell), and Mrs. James (N/S Drummond). At each place at the head table was a tiny doll, dressed as a nursing sister, the work being a labour of love on the part of Mrs. Duncan (N/S Weldon). These were much admired by the guests of honour, not only for the beauty of workmanship displayed, but also for the absolute accuracy in the carrying out of the uniform, even down to the tiny shoulder stars, and were carried away by them as delightful souvenirs of the evening. At each sister's place was a song sheet filled with merry little ditties relating to matters military and romantic, and every few minutes during the dinner the orchestra would lead the way with a song, which the sisters sang with mirth or pathos, as the case might be, probably the favorite being as follows:

"Oh where, Oh where are our beaux all gone?
Oh where, Oh where can they be?
With their stars or buttons or major's crown
Oh where these beaux can we see?"

A pleasant little incident before the toasts came when Mrs. Holland, from London, Ont., presented a beautiful nosegay of flowers to Miss Macdonald, with the affectionate greetings of sisters of that city. Miss Greenwood, as Toast-mistress, then opened the speeches by calling on Miss Wilkinson to give the Toast to the King, which was responded to by a verse of the National Anthem. A silent toast to the Canadian sisters who lost their lives in the war brought all present to their feet, in a reverent two-minute silence; and then Miss Rayside, who has been an honoured visitor at every dinner given by the Toronto Club since its inception, introduced the speaker of the evening, the Matron-in-Chief, in a charming series of reminiscences which carried every one back to the early days of the war. It would be difficult to express the love and appreciation that the nursing sisters showed as Miss Macdonald rose to reply. It was a moment or two before she could speak; as she stood smiling, they sang and cheered her, ending with a lusty Tiger. Miss Macdonald spoke of the co-operation she had always received from each and every nursing sister, of the friendships made and memories formed.

In a modest manner she disclaimed the honours showered upon her, stating that she

merely reflected the credit so justly earned by the sisters who served with her.

Matron Pope, the first army nursing sister of the Canadian Army Medical Corps, was on Miss Wilkinson's left, and made a most pleasing speech.

Following the speeches a most amusing skit, entitled, "An Innocent Incident," was put on by Miss Greenwood, who took the part of a Matron-in-Chief, Mrs. James that of a much-misguided sister, and Mrs. Shields an orderly.

The reception held in the adjoining drawing-room gave every sister an opportunity to meet Miss Macdonald.

On the afternoon of May 8th Miss Macdonald visited the sick sisters at Christie Street Hospital, afterwards attending a tea given by the Toronto Red Cross, where she met many of the officers of the permanent force and voluntary workers who served during the war.

On the afternoon of May 9th, His Honour the Lieutenant-Governor and Mrs. Ross gave a tea at Government House in honour of Miss Macdonald, to which all members of the Overseas Nurses Club were invited.

BRANDON

The ex-nursing sisters held a meeting recently when the following officers were elected: President, Mrs. A. C. Barager; Secretary-Treasurer, Miss I. Fargey.

On Decoration Day a wreath, emblem of C.A.N.C., was placed on the Cross of Sacrifice.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

CHASE—On May 30th, 1928, to Mr. and Mrs. F. Chase (Irene Kelly, General Public Hospital, St. John, 1918), a son (Frederick Fenwick).

BULL—In March, 1928, to Mr. and Mrs. J. Bull (Gladys Fairclough, St. Joseph's Hospital, Victoria, 1924), a daughter.

COOPER—Recently, to Mr. and Mrs. Edward Cooper (Cora Reid, General Public Hospital, St. John, 1920), a son.

CRAFT—On March 30th, 1928, to Mr. and Mrs. P. C. Craft (Jennie Straight, General Public Hospital, St. John), a son (Perry William).

FOUND—On April 9th, 1928, at Seoul, Korea, to Dr. and Mrs. Found (Annie Helen Cass, Toronto General Hospital, 1921), a daughter.

GOUGH—On June 1st, 1928, at Montreal, to Mr. and Mrs. Norman S. Gough (Lois Corner, Homeopathic Hospital, Montreal, 1926), a daughter (Barbara Lois).

GRADY—On April 14th, 1928, at Nelson, B.C., to Mr. and Mrs. Bruce Grady (Jessie Dickson, Toronto General Hospital, 1918), a son (Bruce Dickson).

GRIFFITH—On April 30th, 1928, at Montreal, to Dr. and Mrs. J. J. Griffith (Florence Gear, Homeopathic Hospital, Montreal, 1922), a daughter (Ann).

HAYDEN—On June 2nd, 1928, at Winnipeg, to Mr. and Mrs. L. Hayden (Susie Campbell, Winnipeg General Hospital, 1920), a daughter.

HENDRICKSON—In February, 1928, to Mr. and Mrs. Hendrickson (May Simon, St. Joseph's Hospital, Victoria, 1924), a son.

HENDRICKSON—On April 16th, 1928, to Mr. and Mrs. W. Hendrickson (Marion Jones, St. Joseph's Hospital, Victoria, 1922), of Juneau, Alaska, a daughter.

HOLMES—In May, to Mr. and Mrs. Bernard Holmes (Gladys Smith, Montreal General Hospital, 1926), of Earnscliff, P.Q., a son.

HORTON—Recently, at Shelburne, Ontario, to Dr. and Mrs. Horton (Audrey Williams, Toronto Western Hospital, 1922), a son.

HUMPHREY—On June 4th, 1928, at Toronto, to Dr. and Mrs. J. N. Humphrey (Lyall Gilchrist, Toronto General Hospital, 1919), a son.

KENNY—On January 7th, 1928, to Mr. and Mrs. J. Kenny (Alice Barry, St. Joseph's Hospital, Victoria, 1922), of Port Angeles, U.S.A., a daughter.

LEGGO—In May, to Mr. and Mrs. Leggo (Marjorie Moody, Montreal General Hospital, 1919), of Montreal, a son.

NOXON—On May 25th, 1928, at Toronto, to Mr. and Mrs. K. T. Noxon (Nora Parker, Toronto General Hospital, 1923), a son.

McCOLL—On April 15th, 1928, at Edmonton, to Mr. and Mrs. M. B. McColl (Marjorie Russell, Calgary General Hospital, 1919), a daughter (Joan Louise).

McINTYRE—On May 20th, 1928, to Mr. and Mrs. E. C. McIntyre (Gladys C. Croft, St. Joseph's Hospital, Victoria, 1919), of Nanaimo, B.C., a daughter.

POTTER—On May 15th, at Montreal, to Mr. and Mrs. T. G. Potter (Irene Hutchings, Royal Victoria Hospital, Montreal, 1919), a daughter.

RANKINE—Recently, to Mr. and Mrs. Arthur Rankine (Leona Howard, General Hospital, St. John, 1923), a son.

MARRIAGES

CHESTLEY—REID—On June 4th, 1928, Beatrice P. Reid (General Public Hospital, St. John, 1920), to Dr. Arthur Chestley. Dr. and Mrs. Chestley will reside in St. John.

COON—DOCHERTY—On April 7th, in Toronto, Lulu M. Docherty (Toronto Western Hospital, 1922), to Dr. A. Willard Coon, of Norfolk, Va.

CROSBY—BEAN—On May 23rd, 1928, at Provost, Alta., Bernice Bean (Royal Alexandra Hospital, Edmonton, 1915), to William Crosby. At Home—Wolseley, Sask.

DURST—TATE—On June 6th, 1928, Dorothy Tate (Regina General Hospital), to Harry Durst, of Philadelphia, Pa.

GRAY—STOCKS—On April 11th, 1928, Mary Stocks (St. Joseph's Hospital, Victoria, 1920), to Bertram Gray, of Quesnel. At home—New Westminster.

HANSON—ARCHIBALD—On June 9th, 1928, at Winnipeg, Edith Archibald (Winnipeg General Hospital, 1925), to S. L. Hanson.

ISEN—ARMSTRONG — On May 31st, 1928, Emma Armstrong (Medicine Hat General Hospital, 1927), to Walter Isen.

JONES—WHITTINGTON — On March 31st, 1928, at Victoria, Doreen Whittington (St. Joseph's Hospital, Victoria, 1927), to Dr. Aubrey H. Jones. At home—Tranquille, B.C.

McCORRY—COLP—On May 4th, 1928, at Yarmouth, N.S., Rhoda Kathleen Colp of Beach Meadows, to Jack G. McCorry.

MILLER—FISHER—On June 2nd, 1928, in Toronto, Evelyn Fisher (Toronto Western Hospital, 1925), to Dr. James McGregor Miller, of Moose Jaw, Sask.

OWEN—McBAIN—On May 15th, 1928, Marion McBain (Winnipeg General Hospital, 1925), to David Owen.

SCOTT—AITCHISON—Recently, at Clifford, Ont., Jean E. Aitchison (Grace Hospital, Toronto, 1923), to Donald C. Scott. At Home—Westhill, Ont.

SHADFORTH—ROBERTS — On April 11th, 1928, at Victoria, Isabell Roberts (St. Joseph's Hospital, Victoria, 1924), to Bernard Shadforth. At home—Vancouver.

SHIPLEY—TATE—On May 31st, 1928, Ethel Clarke (Regina General Hospital), to L. Shipley.

WASTELL—McCOSKIE—On June 9th, 1928, at Victoria, Emma McCloskie (St. Joseph's Hospital, Victoria, 1920), to Frederick Wastell. At home—Alert Bay, B.C.

WELCH—POWELL—On June 1st, 1928, at Victoria, Anne Powell (St. Joseph's Hospital, Victoria, 1927), to John Welch. At home—Victoria.

DEATHS

SCOTT—On May 25th, 1928, at Roblin, Manitoba, Mrs. W. Scott (N/S Robertha Livingstone, Lewisham General Hospital, London, England, 1910, and member of the Public Health Nursing Staff, Manitoba, 1919-1921).

RESEARCH IN INFANTILE PARALYSIS

Infantile paralysis, which terrible in its after-effects, presents one of the most urgent and difficult problems confronted by modern preventive medicine, will be the object of a concerted three-year attack launched recently by an international group of scientists seeking for its prevention.

This announcement was made public by Dr. William H. Park, chairman of the International Committee for the study of Infantile Paralysis, who said that Jeremiah Milbank, of New York, had given $250,000 for the work.

Participating in the researches are Chicago, Columbia, Harvard and New York Universities in this country, and the University of Brussels and The Lister Institute of London. The committee hopes as work progresses to enlist the co-operation of still other institutions and laboratories both here and abroad.

"Whether or not the virus of poliomyelitis can be isolated and grown and utilized for an antiserum vaccine, is a question of doubt," said Dr. Park, "but we are hopeful that something may be accomplished. At any rate, such practical questions as the value of convalescent serum, the methods by which the disease spreads and means for its prevention can be partly or wholly solved, and some practical results be attained to prevent the disease which has killed or maimed thousands in the last decade.

"Mr. Milbank's grant will be made available to the various institutions which are to co-operate with the committee. Each university and laboratory will have absolute freedom in carrying on its investigations, but the results, studied and co-ordinated by the committee, will represent a joint piece of work, each institution contributing what it is best fitted for."

Little has been discovered about the prevention and control of infantile paralysis, in spite of the immense amount of study which has been given to the problem. There is no periodicity to recurrences of the disease which is both endemic and epidemic. The death rate from poliomyelitis was higher in 1927 than during any year since the epidemic of 1916.

ADDRESS WANTED

The secretary of the Canadian Nurses Association recently received from the Consul General of the Kingdom of the Serbs, Croats and Slovenes, Montreal, a letter of inquiry re the address or whereabouts of Miss E. Chadwick. A diploma has been awarded to Miss Chadwick by His Majesty Alexander I, King of the Serbs, Croats and Slovenes, for aiding the wounded and sick in the wars of 1914-1920. Miss Chadwick had given her address as London, but from information received it is understood that she is now residing somewhere in Canada, address unknown. Anyone who is able to give Miss Chadwick's present address is asked to kindly send that information to:

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Subscriptions $2.00 a year; single copies 20 cents. Club rates: Thirty or more subscriptions $1.75 each, if names, addresses and money are sent in at one time by one member of a federated association. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

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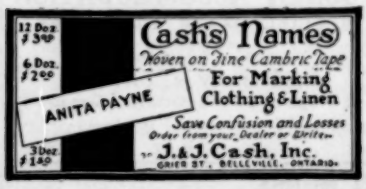

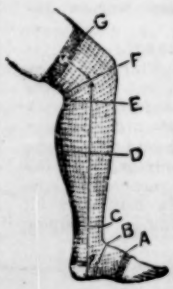

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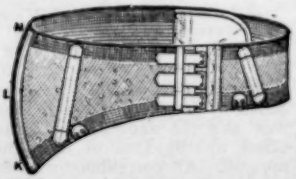

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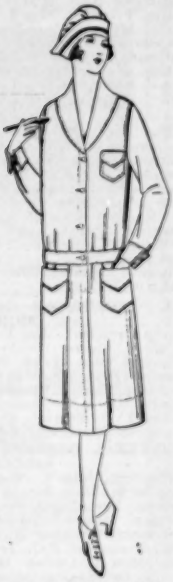

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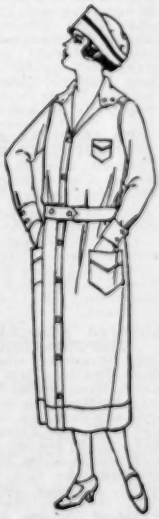

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A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXIV. WINNIPEG, MAN., AUGUST, 1928 No. 8

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

AUGUST, 1928

CONTENTS PAGE

CANADIAN NURSES ASSOCIATION, FOURTEENTH GENERAL MEETING - - 395
TRADITION IN ENGLISH NURSING - - - - - *Ruth M. Hallowes* 420
MENTAL HYGIENE AND NURSING - - - - - *Dr. A. T. Mathers* 425
PUBLIC SUPPORT OF NURSING SERVICES - - - - *Mabel Finch* 431
BOOK REVIEWS - - - - - - - - - - - - - - 436
NEWS NOTES - - - - - - - - - - - - - - 437
OFFICIAL DIRECTORY - - - - - - - - - - - - 445